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EPIDEMIOLOGY

No. 233

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BRIEFS

FIRST RABIES DEATH--Marcelo Gaston Gauna, a 6-year-old boy who had been a patient since last Tuesday at the Muniz Hospital in Buenos Aires, died of hydrophobia yesterday at 1415 hours. The boy--who lived at 1856 Don Bosco Street in Rafael Castillo in La Matanza District--was bitten on the face about a month and a half ago by a stray dog which then ran away. In spite of the concern of the doctors of the Muniz Hospital who gave the victim the most intense care and the most advanced treatment against the disease, the fatal outcome was expected because the child was not given adequate treatment immediately but only belatedly. When the accident occurred the persons responsible for his care did not provide medical attention and did not report the case. They did not consider the wound the little boy had on his mouth to be important. This is the first case of rabies in a human being since June 1979. Figures on animals which have contracted the disease show that of the last eight cases, seven were recorded in La Matanza District. This case reemphasizes the problem of stray dogs which undermines the effectiveness of the antirabies campaigns, one of which will start tomorrow in Greater Buenos Aires and will continue until 16 May. These campaigns generally involve animals living in homes which are brought to the vaccination stations by their owners. /Text/
/Buenos Aires LA PRENSA in Spanish 24 Apr 81 p 1/ 9204

CSO: 5400/2124

BRIEFS

TETANUS OUTBREAK REPORTED--Tetanus has broken out at Ward Number 34 of the Dacca Medical College Hospital on Tuesday. One of the patients died on way to the Mohakhali Hospital. The ward was cleared of all patients who have been accommodated in the verandah of the hospital. Preventive measures have also been taken regarding other patients. It may be recalled that tetanus often breaks out at the hospital and only a few days back it broke out at Ward 25. [Text] [Dacca THE BANGLADESH OBSERVER in English 29 Apr 81 p 12]

STRUGGLE AGAINST TUBERCULOSIS--Mr K. M. Obaidur Rahman Minister of Civil Aviation and Tourism on Sunday stressed the need for inclusion of the leaders and workers of local bodies including Gram Sarkar in the anti-tuberculosis movement to fight the dreaded disease effectively reports BSS. Addressing as the chief guest, the National Anti-tuberculosis Association of Bangladesh (NATAB) 1981 at NATAB hall in Dacca on Sunday morning Mr Rahman described tuberculosis as a social curse and called for an intensified all-out drive to combat it. Prof A Q M Badruddoza Chowdhury the Secretary General of Bangladesh Nationalist Party (BNP) and the President of the NATAB in his presidential speech called upon the health workers and NATAB volunteers to detect each of the TB patient for treatment. Prof Chowdhury estimated that there were about six TB patients in each village bringing the total number of patients to 3.75 lakh in the country. The function was addressed among others by Dr Shakha wat Hossain Secretary General of the NATAB Capt Dr M. A Quashem and Mr Abdul Hamid Bikrampuri. [Text] [Dacca THE BANGLADESH TIMES in English 3 May 81 p 8]

FARIDPUR CHOLERA DEATHS--Dacca, May 3--At least 12 people died of cholera in the south-eastern Bangladesh district of Faridpur over the past three days, according to reports reaching here yesterday, reports REUTER. The civil surgeon at Faridpur, 194 km from here, said seven villages had been plagued by the epidemic where more than two dozen confirmed cases were reported. He said the local authorities had launched a mass inoculation drive to stop spread of the disease which is believed to have been caused by impure drinking water. [Text] [Calcutta THE STATESMAN in English 4 May 81 p 5]

TWELVE DIE OF CHOLERA--Dacca, May 4--Twelve persons died of cholera last month in southern Faridpur district, the official news agency BSS quoting the district civil surgeon reported, says AFP. It said cholera broke out in seven villages affecting 24 persons of whom 12 died. This is the first official report of cholera deaths this year. [Text] [Kathmandu THE RISING NEPAL in English 5 May 81 p 3]

CSO: 5400

BASIC HEALTH PROGRAM RECEIVES 1981 ALLOCATIONS

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 30 Apr 81 p 13

[Text] Brasilia--The National Basic Health Services Program (PREVSAUDE) will have resources totaling 71,400,000,000 cruzeiros in 1981, with financial participation already defined by the Ministries of Social Security and Health, Waldyr Arcoverde, the health minister announced yesterday in Brasilia. The total investment that the government will make in this program until 1986, however, has not yet been defined since it will depend on other ministries which are only now analyzing the financial contribution they will make.

Arcoverde further announced that the draft PREVSAUDE project has been sent to the Ministries of Education and Interior and to the planning secretariat of the presidency so that these bodies, which are involved in its implementation, can analyze the program not only from the financial point of view, but also in terms of its philosophy of action and the proposals which will be jointly developed, before the matter reaches the Social Development Council (CDS) for subsequent discussions.

The financial roles of the Social Security and Health Ministries for the period between 1981 and 1986 will be definitively determined, Minister Waldyr Arcoverde stressed, as soon as the participation of the other ministries involved in the program, whose decision is expected in May, has been confirmed.

The 60,000,000,000 cruzeiros which the Ministry of Social Security will allocate to the PREVSAUDE in 1981, the Health Minister explained, will cover the expenditures for the services provided by the INAMPS [National Institute for Social Security and Medical Assistance], agreements with states and municipalities, the Program for the Interior Development of Health and Sanitation Activities (PIASS), the National Tuberculosis Control Program, and the Medications Center.

The remaining 11,400,000,000 cruzeiros will be the responsibility of the ministry of health, covering the services provided by the Public Health Services Foundation (SESP), agreements with the states for the development of the basic PIASS network, environmental health, the control of communicable diseases, the recruiting of human resources and food and nutrition activities.

"As soon as we reach agreement with the other ministries, the PREVSAUDE will be practically ready," Arruverde stated. The Ministry of Interior in particular must study its financial role in making available adequate water supplies and sewage disposal systems, the elimination of substandard rural and urban housing, and other environmental campaigns. In addition to this, participation in the planned provision of basic health services will fall to the Ministry of Interior, in areas to be defined jointly with the executors of the program.

The regional development superintendencies, also linked with the Ministry of Interior, will provide the states with technical aid for the implementation of the PREVSAUDE. To this end, they too must now analyze the overall proposal and their financial resources with an ear to participating in the work through the integrated development project for which they are responsible.

The MEC [Ministry of Education and Culture] has also been sent the draft of the PREVSAUDE for analysis and determination of its financial role. The draft proposal assigns responsibility to this ministry in the area of developing the human resources essential for the establishment of the program, the maintenance of better university hospitals and the development of school health activities, to which it has already been contributing through the project carried out in connection with the National School Nutrition Campaign.

[illegible]
[illegible]: 5400/3185

SIX MILLION POLIO VACCINE DOSES DESTINED FOR USE IN SAO PAULO

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 29 Apr 81 p 11

[Text] Brasilia--More than six million doses of oral vaccine against polio will be allocated to the state of Sao Paulo in the first stage of the 1981 vaccination campaign scheduled for 13 June. The Ministry of Health has already received the first delivery of vaccine doses, about ten million, which are in storage in a warehouse of the Brasilian Storage Company in Rio de Janeiro.

A total of 80 million doses of vaccine will be applied this year, 35 million of them in the first stage, and another 35 million in the second stage, in August. The remaining 10 million doses will be used in routine vaccinations exclusive of the campaign. Of the 35 million doses for each stage, two million will be kept as a strategic stock for use in case of emergency.

The 1981 campaign has already been entirely organized by the Ministry of Health, which has divided the vaccines among the states in proportion to the number of doses applied during the second vaccination stage in 1980. At that time a total of 22,953,776 doses were applied, including 4,446,084 in Sao Paulo.

The vaccine which Brazil will use this year is being imported mainly from Yugoslavia, unlike the 1980 campaign, when the supplies came from the Soviet Union and Belgium.

The 80 million doses are contained in flasks containing 25 or 50 doses. Two drops are to be used per dose in 1981, and with the total set at 35 million doses per stage, the Ministry of Health is relying not only on the strategic stock in the event of possible losses of large quantities, but is also allowing for losses in the act of vaccination itself.

According to a study which the Ministry of Health will present at the 34th World Health Assembly in Geneva, the incidence of poliomyelitis in Brazil dropped significantly after the 1980 vaccination campaign, and can be controlled with the systematic pursuit of such campaigns for a year or two more, until routine vaccination can be established on a satisfactory level.

The Ministry of Health indicated, for example, that the goal to be achieved for the some 119 million inhabitants of Brazil, is 119 cases per year, or an average of about nine per month, in order for poliomyelitis to be regarded as "under control," on the basis of the parameters of the Ten Year Health Plan for the Americas.

In the period between 1975 and 14 June 1980, when the first stage of the 1980 vaccination campaign was carried out, Brazil had an average of 187 cases per month. Beginning in June 1980, the cases reported for each four week period were 82, 47, 31, 35, 17 and 16, respectively, and finally, eight cases of poliomyelitis in the last four weeks of 1980.

[illegible]
CSO: 9400/2187

YELLOW FEVER CARRIERS REPORTED IN SANTOS

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 24 Apr 81 p 13

[Text] The Aedes Aegypti mosquito, the carrier of urban yellow fever, was found at three sites this last week, at a Federal Railway Network warehouse, by a team of specialists from the Superintendency for Public Health Campaigns (SUCAM). The warehouse is located in Valongo, near the wharves of the port.

Manoel Bianchi, head of the technical unit at the SUCAM regional office in Sao Paulo, said that the larvae found in Valongo--28 of them were caught in traps set by researchers employed by this body--represent no threat to the population, since the natural carriers of urban yellow fever are not to be found in the city. Bianchi added that in a later inspection of the same warehouse, other larvae of the same mosquito, which had been deposited in pots containing ornamental plants, were collected.

On instructions from the SUCAM, the entire Federal Railway Network warehouse in Santos was sprayed with the pesticide Sumithion. At the same time, Federal Railway Network officials in Santos were advised to undertake a thorough cleaning of the warehouse, removing the pots and other objects which might contain water for a prolonged period, from the premises.

Bianchi, who has been in Santos for almost a year, reported that the larvae collected may have been brought to the city by mosquitos carried by ships which had previously docked in the ports of Rio de Janeiro or Salvador. Concentrations of the mosquitos which are yellow fever carriers were reported in these two cities.

This is not the first time that concentrations of Aedes Aegypti have been reported in Santos. In February of last year, the SUCAM collected larvae from abandoned tires lying in puddles of water in the courtyard of a transportation enterprise. On that occasion, the researchers identified 14 concentrations, and the SUCAM ordered pesticide sprayed over a 1500 meter radius.

Currently the SUCAM has 226 traps set to detect the presence of yellow fever carrying mosquitos in Santos. They have been placed at various points in the city, with particular attention to the port area. Because of these precautions, Bianchi says that the public need not be alarmed, because the location of some mosquito concentrations does not represent a threat to the residents of the city.

Malaria

Malaria has been reported in farmers participating in the INCRA (National Land Reform and Settlement Institute) Pedro Peixoto settlement project, such that some of them, mainly those from the south, have left the site. The regional coordinator of the INCRA, Don Fernando Moreno Maia is concerned about the fact and has already asked the SUCAM to take steps.

5157
CSO: 5400/2122

ADDITIONAL CASES OF TYPHOID FEVER IN DIADEMA

Sao Paulo O ESTADO DE SAO PAULO in Portuguese 16 Apr 81 p 15

[Text] The Diadema Health Center yesterday afternoon reported seven new cases of typhoid fever among the residents of the Jardim Canhema slum near the center of the city. With these new cases the number of victims of this outbreak registered in the municipality since the beginning of this year has reached 19, of which 14 are from the Jardim Canhema slum.

In January, Dr Jose Ruben Bonfim reported the beginning of the outbreak at the Santa Elizabeth neighborhood in Diadema. Five persons came down with typhoid fever at that locality and one of them, Heliograph Jose Tenorio, 21, died 1 week after being hospitalized.

Last March, the Diadema Health Center again reported new cases of the outbreak in the Jardim Canhema slum. Five persons were taken to Emilio Ribas Hospital. Maria Lucia da Silva, 9, spent 1 week in the hospital receiving treatment. Several days later, three other children, whose ages range between 9 and 13, were taken to Emilio Ribas Hospital because they showed symptoms pointing to typhoid fever.

Health officials of the region continue attributing the problem to the consumption by the residents of water from a "contaminated well." Graziela Almeida said that "it is necessary for the government to take urgent measures to promote the use of tap water by the population in order to prevent greater spread of the disease." The physician suggests that the SABESP [Sao Paulo Basic Sanitation Co] install more taps in Diadema and lower the rates for water charged the residents in the slum of the municipality.

However, the residents of the Jardim Canhema slum said yesterday that they intend to continue using the wells. The majority alleges that they cannot afford to pay for the water supplied by the SABESP. One of the bills sent to a resident of 60 Santa Cruz St totaled 8,046.46 cruzeiros to be paid by the 20th.

11634
CSO: 5400/2113

DIARRHEA RESPONSIBLE FOR INFANT DEATHS IN RURAL AREAS

Rio de Janeiro O GLOBO in Portuguese 21 Apr 81 p 8

[Text] At the opening of the First Brazilian Congress of Pediatric Gastroenterology at the Copacabana Palace yesterday, Prof Aderbal Sabra of the UFRJ [Federal University of Rio de Janeiro], said that diarrhea in children caused by malnutrition and lack of hygiene, kills 20 percent of infants born in the rural areas of Brazil before they reach 1 year of age.

The national secretary of the Programs for Basic Health Action of the Ministry of Health, Joao Batista Risi Junion, commented that there is no diarrhea prevention program because "the problem is very complex and must be treated as a basic health service." He proposed a national strategy for diarrhea control which should have the support of the medical profession.

Malnutrition

In Rio de Janeiro, of every 1,000 infants under 1 year of age, 21 die of diarrhea. The figure seems to be low, but the municipal health secretary, Raimundo de Oliveira, explained that the cases are concentrated in the western section of the city (the poor neighborhoods), and therefore, present a serious problem.

The city government does not receive the food supplied by the National Nutrition Institute for infants under 1 year of age and for pregnant mothers, and there still is no program of this type.

Raimundo de Oliveira explained that the city must depend on its own resources for this and that beginning in June the city will set up health units on the outskirts and slums to provide medical attention 12 hours per day.

For the nutrition program, the city government has available 138 million cruzeiros this year, which according to Raimundo de Oliveira, will be sufficient to take care of about 70,000 children--a minimal portion of the needy population. Since Rio de Janeiro does not receive food from the National Nutrition Institute because it is a metropolitan region, the funds come from the LBA [Brazilian Welfare Legion]. However, the secretary admits that the LBA aid is precarious.

[illegible]

for his part, Risi Junior said that in order to reduce infant mortality "in a country with serious problems and regional differences such as Brazil," it will be necessary, in the first place, to change the approach to the problem:

"Specific treatment of diarrhea must be made known to the medical auxiliary personnel and the population in general, and the physicians must participate in this, because any public health action must have the support of the medical profession."

This strategy, according to Risi, will begin with a mobilization to "make uniform" the treatment of diarrhea with medical recommendations to health professionals and the public. The methods of treatment must be widely disseminated at the same time as health education programs are being developed. For this, Risi finds indispensable full participation of pediatricians.

The first congress began at the same time as the fifth meeting of the Latin American Pediatric Gastroenterology and Nutrition Society presided over by Argentine Ricardo Licastro, and will conclude on Friday. Yesterday all the conferences and roundtables were devoted to problems of infant diarrhea. Today the topics will be "Cystic Fibrosis," "Ciliac Illness," "Food Intolerance," "Gastroesophageal Reflux," "Pyloric Syndrome" and "Relactation."

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CSO: 5400/2113

BRIEFS

TUBERCULOSIS CAMPAIGN--Brasilia--By the end of this government term of office, Minister Jair Soares has announced, the Ministries of Social Security and Health hope to cut the number of tuberculosis cases in the country, currently 100,000, in half. To this end a new treatment plan, similar to that successfully pursued five years ago in Rio Grande do Sul, with treatment in outpatient clinics, will be adopted. This measure, in addition to decreasing the time required for treatment, will also reduce the high level of hospitalization, to a great extent unnecessary. Agreement to this effect with all of the state health secretariats will be signed during the course of the year, and in medicines for tuberculosis alone the CEME [Central Enterprise for Medicines] will spend more than 900,000 cruzeiros this year. The emphasis in the new program to be carried out jointly by the two ministries through the state health secretariat and the INAMPS [National Institute for Social Security Medical Assistance] will stress avoiding hospitalization. In order to carry out the substitution for the traditional method of treating tuberculosis patients, namely hospitalization, Jair Soares and Waldyr Arcoverde plan to establish and develop functional conditions so that the outpatient clinics in the official network can care for patients suffering from the disease, without bureaucracy or delay in the beginning of medication. This is the type of treatment urged by the World Health Organization, which has encouraged the standardization of ambulatory treatment as the best means of controlling tuberculosis. [Text] [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 24 Apr 81 p 13] 5157

MALARIA DECLINING--Porto Velho--The drainage of the Tanques channels through Porto Velho resulted in an 80 percent reduction in the cases of malaria reported in the city from the beginning of the year to the present, as compared to 1980, according to the secretariat of health in this territory, such that the incidence reported currently is regarded as "normal." The secretariat said that the incidence of malaria has also dropped in the interior, unlike the two preceding years, when ambulances and even a prison had to be converted into emergency hospitals. However, during the current transition period, up until next June, the number of victims of the disease is likely to increase, but without reaching the previous levels, health secretariat physicians are confident. On the other hand, the SUCAM [Superintendency for Public Health Campaigns] and the secretariat have been in conflict since the latter decided to undertake the issuance of death certificates. SUCAM officials claim that if the secretariat is responsible in this connection, it will no longer be in a position to check on reports of tropical diseases such as yellow fever, malaria, hepatitis and others, "since the physicians will not perform xiipperotomies to establish whether the patient died of such a tropical disease." [Text] [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 28 Apr 81 p 14] 5157

MEASLES OUTBREAK--The hospitals in Manaus have reported 11 cases of measles in the past 15 days, but the state health authorities give assurance that there is no danger that an outbreak will affect the city, principally because the measles vaccination campaign will be carried out on 9 and 10 May throughout the state. However, it is feared that if new cases occur prior to then, the hospitals are not in a position to cope with a larger number of cases. Of the eleven persons suffering from the disease, five are children who are being treated at the Dr Fajardo Children's Hospital. The six adults are being treated at the Institute of Tropical Medicines, which is also treating six Indians of the Vaimiri-Atroari tribe, suffering from other diseases. All of these cases were reported in the Manaus periphery, where sanitary conditions are dubious. None of the individuals had yet been vaccinated, according to sources at the SUCAM [Superintendency for Public Health Campaigns]. The authorities are warning the population to report to the hospitals at the first symptoms, in an effort to prevent the spread of the disease. The Ceara secretariat of health launched a measles vaccination campaign in Ceara today at 56 health posts in seven neighborhoods. The secretariat did not reveal what total volume of vaccine will be applied, but it gave assurance that all children between seven months and five years of age will be immunized. Waldyr Arcoverde, the health minister, who was to have been present at the launching of the campaign today, postponed his trip to the state until next month, when he will supervise the vaccination campaign in the interior. [Text] [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 23 Apr 81 p 17] 5157

CONJUNCTIVITIS OUTBREAK--The Holy Week holidays contributed to an increase in the epidemic of conjunctivitis which has been affecting the state of Para since last month. Crowds have been heavy at the bathing resorts near Belem in recent days, and bathing in the sea encourages further contamination. The disease, which is transmitted by a virus, was first reported among the population in the territory of Amapa, and it later spread to the state of Para, mainly the capital city, where about 20 percent of the individuals visiting the health stations were suffering from conjunctivitis caused by type 4 adenovirus. The state health secretariat is following the progress of the disease, but it will take no special steps to combat it. Apart from the discomfort caused--inflamation of the eyes, irritation and photophobia, conjunctivitis is benign and only disappears at the conclusion of its cycle, which takes three to five days. The large number of cases occurring has resulted in the exhaustion of the stocks of anti-inflammatory eyewashes in the pharmacies in Belem, but physicians say that patients need only use water boiled with ten drops of lemon juice. [Text] [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 23 Apr 81 p 17]. 5157

YELLOW FEVER CAMPAIGN--Brasilia--Health Minister Valdir Arcoverde is going to propose to the WHO that it consult American countries about the possibility of launching a continental action to eradicate the aedes Aegypti mosquito, the carrier of urban yellow fever. The proposal, to be presented during the 34th World Health Assembly to be held in Geneva between 4 and 23 May, will be the same that Brazil already made in October of last year to the Guiding Council of the Pan American Health Organization, and which so far has received no reply. The position of the ministry is based on the fact that nothing is achieved if Brazil by itself promoted the eradication of the mosquito, since it will continue to be subject to reinfection by insects coming from the neighboring countries, as has happened in recent years. Although it is being criticized for not promoting a new mosquito extermination campaign--at the present time there are centers of infection in Rio de Janeiro, Salvador and Natal--submitting the country to the risk of a yellow fever epidemic, the ministry alleges that it does not have the resources to maintain a permanent watch system at all Brazilian ports and airports. The fight against the mosquito is being conducted as best as possible under the circumstances--recently an existing center in Santos has been

eliminated--but it will only be done radically when there is a reply from international organizations to the proposal for joint action, according to ministry sources. [Text] [Sao Paulo FOLHA DE SAO PAULO in Portuguese 14 Apr 81 p 10] 11634

MEASLES EPIDEMIC IN MACEIO--The secretary of health of Alagoas, Jose Bernardes Neto, said in Maceio yesterday that up to March of this year 480 cases of measles were reported, 80 in the capital and 400 in the interior. He admitted however, that this figure only represents one-fourth of the cases confirmed in the entire state, without taking into account the deaths caused by the disease because generally it is omitted in the death certificates as the initial cause of death. "We can increase the measles statistics 10-fold this year because we report data only on the persons who sought out the Health Secretariat and leave out those who are attended in private hospitals, health centers, clinics and doctors not certified by the state," said Bernardes Neto. To fight the incidence of measles in Alagoas, the secretary suggested to the Ministry of Health that antipolio vaccination carried out last year be given in conjunction with the vaccination against measles and other diseases. In the meantime, he complained that he "has encountered opposition to his suggestion, blaming fear by Secretary Joao Baptista Risi Junior who heads the National Coordination of Basic Health Actions." Vaccination against the disease was scheduled for next September and until then, said the Health Secretary "many children are going to die." Although there is no lack of vaccine at the health posts of the state, he stressed that the population is not aware of the seriousness of measles, a fact that can be made evident only through a mass immunization campaign. [Excerpts] [Sao Paulo O ESTADO DE SAO PAULO in Portuguese 16 Apr 81 p 15] 11634

CSO: 5400

BRIEFS

REDUCTION IN TYPHOID CASES--Antofagasta--A slight reduction of cases of typhoid fever, comparing those registered in the first 3 months of 1981 and 1980, was noted in El Loa Province. This was reported by the Regional Health Office of Antofagasta, stating that in 1980 there were 57 cases, as follows: 24 in Chuquicamata and 33 in Calama. In 1981, also in the first 3 months of the year, there were 51 cases, 25 of them in Chuquicamata and 26 in Calama. [Excerpt] [Santiago LA NACION in Spanish 9 Apr 81 p 12A] 11635

DIPHTHERIA OUTBREAK IN VALDIVIA--Three children suffering from diphtheria continue in the infectious section of the Valdivia regional hospital. It was reported that two of the cases are serious, and the third one is classified as simple. The patients are the brothers Juan, Pablo and Jose Silva Saldivia, pupils of the first, second and third grade at the Escuela Basica 1122, who reside in the Pampa Krahmer area. In view of the presence of symptoms, the children were immediately taken to the hospital. Later laboratory tests showed that they had diphtheria and therefore all other pupils in the grades of the sick children have been given toxoid vaccine and a medical team visited their home to examine the other members of the family. [Text] [Santiago LA TERCERA DE LA HORA in Spanish 17 Apr 81 p 11] 11635

CSO: 5400/2112

BRIEFS

POLIO, GASTROENTERITIS, KILL 96--Barranquilla, Colombia, 30 May (EFE)--Ninety-six children died in May in the city of Barranquilla, in northern Colombia, as a result of an epidemic of poliomyelitis and gastroenteritis affecting children. According to a report issued by the regional health office, 9 children have died in the past few hours making the death-toll 96 since the epidemic broke out. According to statistics put out by the social security clinic and the childrens hospital, more than 2,000 cases of the two diseases have been handled this month. This situation has created an emergency situation in Barranquilla where the doctors have not yet found the formula to control the epidemic because of lack of vaccines in the country. [Text] [PA310418 Madrid EFE in Spanish 2319 GMT 30 May 81]

CSO: 5400/2135

REVIEW OF EPIDEMIOLOGY DURING CASTRO'S REGIME

Havana REVISTA CUBANA DE HIGIENE Y EPIDEMIOLOGIA in Spanish Jul-Sep 80 pp 195-205

[Report presented to the First National Congress on Hygiene and Epidemiology, by Dr Josefa Fernandez Torres, head of the National Department of Epidemiology, Ministry of Public Health: "Epidemiology in Cuba: Development, Current Situation and Prospects"]

[Text] Introduction

There are numerous definitions of epidemiology. It was originally confined to the study of communicable diseases but the scientific method in the hands of epidemiologists is completely applicable to highly dissimilar fields such as chronic illnesses, accidents, suicide, and so on. In recent years, the work of epidemiologists has gradually expanded to these areas.

We believe it would be useful to define epidemiology as the scientific method applied to health problems of the community by specialists in the field.

As an ecological entity, man is situated in the midst of an infinite number of factors that affect his health in various ways. That is why the health of the population depends to a great extent on the country's social development and its economic, scientific, technical and cultural conditions. Many specialists working in the field of medicine in underdeveloped countries state that the main enemy of health is not so much the pathogenic germs of infectious and parasitic diseases or other direct causes, but rather, the low level of economic development.

Consequently, we can observe that a weak economy is the main enemy of the health of man and the community: the subject of study of epidemiology.

In October 1917, the cannons of the Southern Cross announced the beginning of a new era in Russia, the era of socialism.

The Great October Socialist Revolution was for the world an example of how to solve the most important social problems.

Not only did the triumph of the Cuban Revolution in 1959 free the people from exploitation and backwardness, but rather, it also created the conditions for economic, social and political development.

The low level of our people's material welfare and culture were reflected in the health of the population, whose essential characteristics we can sum up as follows: high mortality, high birth rate, low life expectancy, high rates of morbidity from contagious and parasitic diseases, the proliferation of social diseases such as venereal disease, tuberculosis and alcoholism.

From the very time of the triumph of the revolution, health was recognized as a right of the people and a responsibility of the state. A single national organization was set up to administer all health services, extending integral health services to the entire population.

In addition, as early as 1959, important preventive activities got underway. A review of those activities would include the following:

Vaccination

Since the beginning of 1960, the Ministry of Public Health has maintained a continuing program of innoculation for diphtheria, tetanus, whooping cough and tuberculosis and of national coverage through the general health services. In addition, massive campaigns have been carried out based on priorities established by the National Department of Epidemiology, with the participation of the country's mass organizations and especially the CDR's [Committees for the Defense of the Revolution] and the FMC [Federation of Cuban Women].

In 1968, an agreement was signed with UNICEF and a special vaccination program was carried out for the rural population under the age of 15.

In 1975, the FMC-Ministry of Public Health campaign to vaccinate housewives was launched and in 1978-1979, children under the age of 5 were vaccinated. This campaign included the measles vaccination.

Booster shots with BCG vaccine, class 5, an activity of great epidemiological importance in preventing bacilli-related diseases in adolescents and young adults, were incorporated into the program after 1970 and the existing program was updated.

In 1962, the first national campaign for polio vaccinations took place. It has been continued on an annual basis with the support of the CDR's.

Vaccination for measles began in the country in 1971.

Acute Respiratory Infections

In recent years, acute respiratory infections have constituted an important cause of deaths among infants, preschool children and those over 65. The rate of morbidity is high for the general population, especially when new viral strains circulate.

In 1964, the respiratory virology section of the National Institute of Hygiene, Epidemiology and Microbiology (INHEM) was set up for the purpose of attempting to clarify the role of viruses in causing acute respiratory diseases in our country. In 1974, this section was declared the National Influenza Center, an affiliate of the WHO World System of Influenza Centers.

In 1978, a national program was established in to study acute respiratory diseases and ascertain how such viruses are spread in order to orient control measures.

Tuberculosis

In 1970, the antituberculosis program of the vertical type, with monovalent, specialized services, was turned into a program of control based on general standards recommended by PAHO [Pan American Health Organization]-WHO. Its most outstanding element is the integration of all control activities into general health services. Hospital treatment is replaced by ambulatory treatment and diagnoses are made based on bacteriological criteria rather than on clinical and radiological means, as had previously been the case.

Gastrointestinal Infections

In 1962, the national program to fight diarrheal diseases was begun. Its main activities are aimed at reducing morbidity through changes in hygienic and sanitary conditions, health education and improvement's in the people's diet.

Previous to 1972, there were no statistics on actual rates of morbidity in our country due to intestinal parasites and up to that time, analyses of feces were made only of patients who for some reason visited health centers. Consequently, such data was not representative. In 1972, a national survey was made of morbidity from intestinal parasites, using a representative sampling of the supposedly healthy population. The results obtained were released in different scientific publications of the Ministry of Public Health.

In 1976, studies were made to determine the relationship of hepatitis in our country to water and food and to learn the short- and long-term effects. In 1964, INH24 assembled techniques for phagocytic typing of strains diagnosed. To date, 31 different phagotypes have been isolated.

Since 1960, there has been continuing innoculation for typhoid in areas where it is endemic and among high-risk groups. It was first done with endotoxoid vaccine and beginning in 1975, with the phenol heat-type vaccine.

Leprosy

In 1972, the vertical program existing up to that time was decentralized and supervised treatment of patients was initiated at polyclinics.

In 1977, based on the knowledge of the bacteriological properties of *rifampicina* compared with *Myco bacterium leprae*, it was decided to establish a control program that would help all victims from that time on.

Venereal Diseases

In 1962, at the First Hygiene and Epidemiology Forum, the guidelines for the program to control syphilis in our country were outlined. The program was generally implemented and was the beginning of a true project of learning our epidemiological conditions.

In 1970, the incidence began to rise slightly and the need to revise the original program in order to point out more specifically and in greater depth what action should be followed became apparent. A new program was worked out based on social changes that had occurred in the country. In 1972, the new program went into effect. From that time on, the single VDRL serological technique was used nationally and the reagents needed to use it were made in a standardized fashion. Using graduate nursing personnel, the training of interviewers-surveyors began. The interviewers were rapidly incorporated into fieldwork, making it possible to go further with the epidemiological of these diseases.

The lack of adequate methods for the diagnosis of gonorrhea means that the greatest problem is the failure to diagnose cases, especially in women, making them the main carriers.

Malaria and Other Exotic Diseases

Previous to 1959, and despite the fact that notification of cases was very inadequate, there were thousands of known cases of malaria in the country, especially in the eastern region, an area where the disease is considered to be endemic. In 1959, activities aimed at eradicating it began in the country and this eradication campaign was maintained until 1968.

By 1962, the transmission of *Plasmodium malariae* had been halted. Actually, its spreading had been very restricted. By 1963, the transmission of *falciparum* and by 1967, that of *vivax* had been stopped. The last local case was diagnosed in 1967. In November 1963, the WHO granted Cuba the Elimination of Malaria Certificate. From the time the disease was halted, an adequate mechanism of supervision was maintained in the country making it possible to detect any cases brought in from the outside.

No native cases of schistosomiasis or filariasis have been reported, but cases brought in from the outside have been diagnosed.

Trachoma has been diagnosed in a number of foreign patients.

Considering the intensification of travel between our country and others considered to be areas where these diseases are endemic and because of the presence in our midst of ecological conditions that might give rise to their recurrence, the International Sanitary Control Center was set up in 1976 and later, in 1979, the Pedro Kouri Institute of Tropical Medicine was given an expanded role, assuming the functions of the International Sanitary Control Center. Its fundamental objectives are: to protect our people from native tropical diseases and prevent the introduction of other exotic illnesses; to cooperate in the fight against tropical diseases in underdeveloped countries; and to contribute to the development of biomedical sciences in general and tropical medicine in particular.

In 1966, the *Toxoplasmosis* laboratory was set up within INHEM and from that time on, it is there that diagnosis of the disease is made.

Beginning in 1980, the laboratory became part of the Pedro Kouri Institute of Tropical Medicine, which will continue to do the studies in a centralized manner.

In Cuba, there are no registered cases of infection in humans by *Mycobacterium bovis*.

Concerning *arbovirosis*, INHEM began fieldwork in Havana Province and in the Zapata Swamp in 1965 to detect natural breeding grounds of some arboviruses.

In 1968, serological surveys began to be made in various provinces in the country in order to determine levels of antibodies in the rural population. In 1972, serological studies were extended to all provinces in the country, both rural and suburban, including dengue in the investigation. Field studies were intensified and studies were initiated on suspicious clinical cases in patients admitted to our hospitals.

In 1975 and 1976, serological surveys were made which showed that dengue is not an endemic disease or present in epidemic form. In 1977, matched serums were studied from patients suspected of having dengue because of serological reactions and the diagnosis was confirmed, for which purpose the culture and typing of the virus (type 1) were later done. In 1980, the INHEM arbovirus laboratory was moved to the Pedro Kouri Institute of Tropical Medicine, where national surveys and field studies helping to control arbovirosis are done.

Zoonosis

In 1962, the first rabies control program began. Its basic activities included sanitation, canine vaccination, supervision of persons bitten and improved laboratory diagnosis. In 1979, the existing program was updated to take the current situation into account.

Rabies diagnoses are made at INHEM and in provincial hygiene, epidemiology and microbiology laboratories.

Serological tests and the isolation of *Brucela* are done in provincial hygiene and epidemiology laboratories, dating from before 1968, the date on which INHEM began to type samples sent by the different provinces.

In *Leptospiras*, the serological diagnosis and isolation as well as the classification of strains began in a systematic way in 1973 at INHEM.

Similar work is done only at the Holguin Province Hygiene, Epidemiology and Microbiology Laboratory.

In 1979, the Ministry of Public Health began to put together programs to control brucellosis and leptospirosis in humans. Since 1964, the Institute of Veterinary Medicine has been engaged in a program to eradicate brucellosis from animals successfully. This is not the case with leptospirosis.

Concerning the morbidity of chronic, noncommunicable diseases, information has been obtained on only part of them through limited research and surveys made for the purpose. The results of these studies show the following:

Arterial hypertension: It was determined that this is one of the most frequent chronic illnesses among persons over 15 years of age, affecting between 15.5 and 19.7 percent of the population studied. It was also determined that from 54 to 62 percent of hypertension victims do not use the health services because they are unaware of their disease or other reasons.

Sugar diabetes: It was established that 2.5 to 5.0 percent of the population studied had the disease. It was also observed that between 67 and 77 percent of those affected were receiving no treatment.

Epilepsy: It was confirmed that .6 percent of the sample studied had the illness and 36.5 percent of those were being treated. Of those patients studied, 34.9 percent neither go to school nor work and 31.1 percent are not fit to do so because of mental retardation.

Asthma: A national survey showed that the rate of occurrence is 10.4 percent in urban areas and 5.8 percent in rural areas.

Because of the high prevalence in school and working ages, one can understand its importance from a socioeconomic standpoint.

Malignant tumors: Between 1972 and 1976, the rate of mortality ascertained from the "national cancer register" was an average of 148.7 per 100,000 inhabitants annually, despite the inadequate reporting of the disease. The estimate based on data from the register increases the rate to 626 per 100,000.

We have summarized the preventive activities undertaken over the past 20 years in our country. This has enabled us to achieve a substantial reduction in mortality rates due to diphtheria, tetanus, whooping cough, polio, tuberculosis and rabies in humans, diseases that do not now constitute a health problem in our country.

The reduction in the incidence of measles is not as substantial, but it is known that in order to interrupt transmission of the disease, it is necessary to have over 85-percent immunization, a figure not yet reached.

In our country, acute respiratory diseases constitute a health problem that has gradually increased in recent years, both in terms of morbidity and mortality.

Acute diarrheac diseases, which are closely linked to the sanitary conditions in which the people live, should be less prevalent in the years to come as the advancing revolution enables us to resolve restrictive aspects that have had an effect in previous years.

Typhoid fever shows a definite downward trend, although not so marked. This disease has been both endemic and epidemic and its incidence has been influenced by epidemics almost always related to the quality of drinking water of the people.

Viral hepatitis was on the rise in the period analyzed. The agent causing the disease is a virus little known in the world, whence the scarcity of preventive means to control it.

It is hoped that with the execution of the new program, there will be a reduction in the incidence of leprosy. Within 5 years of the date on which it was launched, the program will provide significant data. Nevertheless, the evolution of the indicators of greatest epidemiological importance has been satisfactory. It can be observed that from a positive bacteriological test of 18.1 percent in May 1977, we have arrived as 8.7 percent in September 1979, with a positive morphological index of only .2 percent. This latter aspect points to an interruption in the transmission of the disease.

Since 1973 there has been a drop in the number of cases of syphilis as a result of the execution of the new program. Recent rates per 100,000 inhabitants are: 1974, 45.1; 1975, 42.9; and 1976, 37.2.

The number of cases of gonorrhea reported has increased in recent years, a situation that must be evaluated epidemiologically on a sustained basis since this disease is one of the main health problems in many developed countries.

In malaria, the trend shown by the number of cases reported in recent years is an upward one due to the marked increase in the number of travelers arriving in the country from areas where the disease is endemic. To a lesser extent but for the same reasons, cases of schistosomiasis and filariasis have been diagnosed.

Although the measures of epidemiological vigilance maintained have made the emergence of native cases impossible, it is important to point out the potential danger represented by the presence of ecological conditions that might start their propagation again among our people.

At the present time, there are only a few cases of dengue as a result of the epidemic from 1977 to 1979. However, our country is in a geographical area where dengue is endemic and its major carrier, the mosquito *Aedes Aegypti*, is present in great density throughout the territory.

Concerning meningococcal diseases, various factors not precisely defined have resulted in a rising rate of morbidity and mortality over the past decade, similar to what is occurring in different countries on nearly all the continents.

Many factors have helped reduce the rates of morbidity and mortality due to communicable diseases in the country and it can be stated that the improved standard of living of the people, the elimination of unemployment, the higher level of education and health awareness of the people and the elimination of malnutrition, factors that are an expression of the revolutionary transformation that has come about, have had a positive effect, as have the establishment of a National Health Service providing general coverage and the training and incorporation of medical and intermediate-level technical personnel prepared to deal with the prevention of communicable diseases.

In 1959, medical personnel began to specialize in epidemiology and these were the first courses taken abroad. In 1963, the departments of preventive medicine were set up, with courses in this area of specialization at the Havana and Santiago de Cuba medical schools, courses that would gradually be included in the programs of other schools.

In 1971, the training of specialists in epidemiology began in the country and there was already a great increase in enrollment in 1979. There are 54 residents at the present time.

Residencies began to be offered in Santiago de Cuba in 1979 and departments of epidemiology were set up in the Institute of Hygiene, Epidemiology and Microbiology and the Pedro Kouri Tropical Medicine Institute. The institutes of cardiology, endocrinology and oncology have specialized personnel to support the preventive activities underway in the field of these chronic, noncommunicable diseases.

Table I. Incidence of Principal Communicable Diseases in Selected Years (rate per 100,000 inhabitants). Cuba, 1965, 1970, 1975 and 1979

Disease	1965	1970	1975	1979
Diphtheria	3.0	0.1	0.0	0.0
Tetanus	6.6	2.6	0.7	0.3
Whooping cough	27.0	14.1	3.5	1.5
Poliomyelitis	—	0.0	—	0.0
Measles	120.3	105.2	113.4	76.5
Tuberculosis	64.3	30.8	14.2	11.4
Acute respiratory diseases[1]		789.4	982.2	
Acute diarrheal diseases[1]		63.1	774.7	
Typhoid fever	3.1	5.0	4.0	1.8
Viral hepatitis	115.8	101.5	216.9	
Leprosy	4.3	3.9	3.6	3.6
Syphilis	30.1	7.3	47.6	43.2
Gonorrhea	9.0	2.8	47.0	100.8
Malaria	1.7	0.0[2]	0.9[2]	3.0[2]
Rabies in humans	—	0.0	0.0	—
Meningococcal diseases	0.3	0.5	0.3	5.6

Source: National Directorate of Statistics

[1] Patients admitted. Figures for 1965 do not exist and those for 1979 are not available.

[2] Patients from outside the country.

At the present time, the country has 81 specialists in all and of these, only 38 are working as such. This points to the need for a policy of recovery those people.

It is important to point out the active participation of mass organizations, especially the CDR's and the FMC in the development of preventive activities from the very time the programs were launched.[1, 2]

Prospects for Development of Epidemiology

The country's prospective economic and social development in the coming years, along with the sustained improvement in the standard of living of the people, will make it possible for health indices to continue to approach those of countries with a much higher rate of development. Human, material and financial resources devoted

to the protection of health will increase and the material base of preventive action and care will be expanded. Advances in science and technology in the world and our country will offer new possibilities for meeting these objectives.

Preventive action, as the fundamental principle of socialist public health, must be further developed. It is the task of epidemiology to play a fundamental role in investigating causes of death among the population, forecast changes and, on a strictly scientific basis, work out epidemiological action aimed at: 1) continuing to reduce the number of deaths resulting from communicable diseases; 2) participating in programs of health care for noncommunicable diseases constituting the main causes of death in the country; 3) participating in the study and control of deaths resulting from violent causes such as traffic accidents, suicide and others; and 4) continuing the training and advanced training of specialists in epidemiology and improving the epidemiological knowledge given to medical students.

Specific tasks that must be undertaken immediately include the following: carrying out national programs drafted in 1979; international sanitary control, immunizations, rabies, leptospirosis and brucellosis, syphilis and gonorrhea; continuing to develop the new program to control leprosy; updating the existing tuberculosis control program; improving execution of the existing program for acute respiratory diseases; developing research in gonorrhea, which from the epidemiological standpoint will make it possible to make a more precise diagnosis as the basis for a program of control; continuing to develop the syphilis control program; carrying out studies aimed at learning important aspects of hepatitis in our country; seeking a solution for the drinking water problem and the disposal of waste; intensifying microbiological work, epidemiological studies and standards in the clinical-epidemiological handling of meningicoccal diseases; going further with epidemiological actions aimed at intensifying microbiological, parasitic and virological research; improving activities connected with epidemiological control of malaria and other exotic diseases; paying special attention to health education activities contemplated among programs being carried out; stepping up work in the area of noncommunicable diseases through active participation of epidemiologists; continuing the training of residents in Havana City and Santiago de Cuba provinces and beginning such training in Camaguey; improving the epidemiological training given to students; developing courses for those specializing in epidemiology; and organizing the participation of mass organizations in the development of programs, in keeping with their possibilities.

Table II. Evolution, Current Situation and Prospects for Training in Epidemiology, Cuba, 1980

1959: Four Cuban doctors study the epidemiology of malaria in Mexico and Venezuela.

1961: Soviet advisory assistance is received for the training of Cuban doctors in epidemiology.

1962: One Cuban doctor takes courses in epidemiology in the USSR.

1963: The Department of Preventive Medicine is set up in the Havana and Santiago de Cuba medical schools, with epidemiology given the first year.

1964-1967: Fourteen Cuban doctors study in Czechoslovakia.

1971: Residency begins in Cuba at the Carlos J. Finlay School.

1976: Transfer of residency to the Health Development Institute.

1979: Residency transferred to the National Institute of Hygiene, Epidemiology and Microbiology.

Prospects

Continuing the training of residents in the Havana City and Santiago de Cuba provinces; beginning the training of residents in Camaguey Province; expanding the teaching of epidemiology for medical students; and planning advances courses for students specializing in epidemiology.

Table III. Epidemiologists in Cuba, 1972-1979

Year	No. Taking Examination	Passed	Total	Resident Training Center
1972	-	40	40	Carlos J. Finlay School
1973	5	2	7	Carlos J. Finlay School
1974	7	-	7	Carlos J. Finlay School
1975	1	3	4	Carlos J. Finlay School
1976	5	1	6	Health Development Institute
1977	3	-	3	Health Development Institute
1978	1	-	1	Health Development Institute
1979	13	-	13	National Institute of Hygiene, Epidemiology and Microbiology
Total	35	46	81	

Source: National Directorate of Postgraduate Study
Note: Date on which degree was issued was used.

Table IV. Residents in Epidemiology Being Trained, by Course and Province, Cuba, 1980

Students Now in Residency in:	Havana City			Santiago	
Province	Year 3 Apr 80*	Year 2 Oct 80*	Year 1 Oct 81*	Year 1 Oct 81*	Total
Pinar del Rio	1	1	-	-	2
Havana	-	1	3	-	4
Havana City	6	2	9	-	17
Matanzas	-	1	2	-	3
Villa Clara	-	1	-	-	1

Cienfuegos	-	-	1	-	1
S. Spiritus	-	-	2	-	2
Ciego de Avila	-	2	2	-	4
Camaguey	-	2	1	1	4
Las Tunas	-	1	-	1	2
Holguin	-	-	1	1	2
Granma	-	-	-	1	1
Santiago de Cuba	-	-	-	8	8
Guantanamo	-	-	1	1	2
Isla de la Juventud	-	-	1	-	1
Cuba	7	11	23	13	54

* Date on which residency was completed.
Source: National Directorate of Postgraduate Study

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CSO: 3010

INCIDENCE OF PSYCHIATRIC DISEASES, AID PROVIDED NOTED

Havana REVISTA CUBANA DE HIGIENE Y EPIDEMIOLOGIA in Spanish Oct-Dec 80 pp 297-303

[Article by Alberto Clavijo Portieles, director of the Camaguey Psychiatric Hospital; Mario Valcarcel Novo, head of research of the Provincial Directorate of the Health Sector; Orlando Alonso Garcia, head of the Department of Research of Camaguey Psychiatric Hospital; and TS Martha Fuentes Guzman, head of the Department of Psychiatric Social Work, Camaguey Psychiatric Hospital: "Incidence of Psychiatric Illnesses Based on Care Administered by Psychiatric Services of Camaguey," dated October 1976]

[Text] Introduction

At the Ninth Congress of the APAL [presumably Association of Psychiatrists of Latin America] held in Havana in February 1977,[1] we had the opportunity to present a study of psychiatric disorders based on needs met in the municipality of Camaguey. This article is a complement to that research.

Various authors have done epidemiological studies in psychiatry,[2-5] which have always been useful in planning human and material resources in public health in areas where they have been done. Consequently, this work is a collective effort of professors, professionals and technical personnel of our institution which aims to show, based on data for care administered, the distribution, volume and main characteristics of the incidence of psychiatric disorders in our different services that provide care.

Objectives

General: To learn the incidence for one month of psychiatric disorders based on needs met in the municipality of Camaguey.

Specific: To learn the incidence based on the following classifications: age, sex, origin based on health care area, civil status, occupation, schooling, form of care and diagnosis.

Other objectives: To learn the incidence of psychiatric disorders depending on the diagnosis in every health area in the municipality of Camaguey; the different forms of care provided there; and to show the incidence and prevalence in one month based on diagnostic categories of the GC-1 [Cuban Glossary of International Classifications of Psychiatric Diseases] for the municipality of Camaguey.

Material and Method

Field of study: All patients who for the first time requested specialized psychiatric care in the municipality of Camaguey over a period of one month. Care included that administered on an in-patient, out-patient and emergency basis.

Methodology: Planning the work took 6 months (April to September 1976) and execution required 27 months (October 1976 to December 1978).

The following resources were available:

1) human: one doctor with training in biostatistics, one intermediate-level technician in statistics, one technician in iconopathography, one artist and administrative personnel; and 2) material: identification sheets, psychometric tests, clinical histories and office equipment.

One hundred percent of all patients requesting care for the first time in October 1976 were studied (population over 15 years of age: 171,462 for 1976).

All personnel working on the research were instructed as to the proper application of the GC-1.[6]

The necessary conditions were set up in the municipality's hospital and polyclinics through coordination at all levels of administration.

In order to gather the information, a perforated card was set up containing the variables set forth in the specific objectives. Initially, these cards were filled out by the social worker, who questioned patients in order to gain general information and data on socioeconomic aspects and socioenvironmental conflicts. The cards were later given to the doctor, who proceeded to extract the necessary information obtained through the interview and psychiatric examination.

A card was filled out for every patient seen.

Cards were also kept for cases in which it was necessary to call upon guards or outside consultation in the period analyzed but these were added in only at the first place visited. In order to avoid duplication in the registration of patients, the cases were grouped and morning meetings were held on a daily basis with the entire service in order to go over the list of emergencies with those aided on an outside basis and vice-versa.

All patients were subjected to the HTP and the Bender [Gestalt] test and if necessary, in order to support the clinical diagnosis, the Wais verbal test was used to determine intelligence; 16 PF for personality disorders using the Machover and Cornell Index; Bender and Benton in organicism; In neurosis, the Machover, Cornell Index, Zung, Becak and Ipat; and in psychosis, the Machover, the test of similarities, the investigative test and the Rorschach psychodiagnostic test.

All the diagnoses were classified and codified by the same doctor trained for the purpose, applying the GC-1[6] in all cases.

The diagnosis was to be made during the first two weeks and when this was not possible, a consultation was set up with a team having greater experience in order to make the diagnosis.

Results

During this study of the incidence of mental illness, we observed in one month that the distribution of patients seen oscillated between 61 (11.2 percent) for the Camaguey [Agramonte] area and 107 (19.7 percent) for the western area as the two extremes. However, when one considers native villages and towns and expresses the incidence in terms of every 1,000 inhabitants, one observes that the Camaguey area goes from last to first place, with 4.3 patients per 1,000 inhabitants, while the central area shows the lowest incidence, with a figure of 2.5 per 1,000. The four remaining areas had levels between 2.8 and 3.6 per 1,000. We believe that one must consider the facilities available among the variables that might affect these results. The rate of incidence for the municipality was 3.2 per 1,000.

The greatest incidence is in the age group between 20 and 34, with 40.9 percent of all cases. Patients over 64 had only 4.8 percent of the total, and the predominance of the younger population in the prime social and working age was obvious.

There were more women treated, with 61 percent of all cases and a rate of 3.8 per 1,000 inhabitants. The rate for men was 2.5 per 1,000.

Married people or people living together had 54.1 percent of the total. Nevertheless, it is interesting that 45.9 percent had no stable relationship when psychiatric care was sought for the first time. We have no data on this aspect but everything seems to indicate that among the adult population, the number of married persons or couples living together should be higher. We hope to pursue this matter further.

Some 63 percent of the newlyweds were working or in school when their clinical history was taken. Housewives made up 27.8 percent.

Some 58.4 percent of the persons studied had a sixth-grade or higher education. Illiterates made up 4.6 percent. The group between the sixth and tenth grades was predominant (43.6 percent).

The need to resort to guards in handling new cases was the rule: 54.5 percent and a rate of 1.7 per 1,000 inhabitants in one month.

Some 87.7 percent of the cases were seen on an out-patient basis the first time (1.2 per 1,000) and only 7.7 percent of the rest were hospitalized when the cases were registered (.2 per 1,000). This general need for handling new cases by security personnel pointed up the inadequacy of the basic level of care in the area at the time research was done in order to meet the needs of the population, which first of all resorts to our guards without going through the general practitioner at the polyclinic.

This is applicable to polyclinics with different types of care, meaning that the phenomenon must be evaluated with respect to meeting the mental health needs of the population at the most basic level of care.

We believe that improvements in the new type of community care will modify this situation.

The largest number of patients were diagnosed as suffering from neuroses, with 33.2 percent and a rate of 10.5 per 1,000 inhabitants. This diagnosis is followed by personality disorders (19.7 percent and 6.2 per 10,000 [sic]); mental retardation (15.8 percent and 5 per 10,000); situational reactions (12.7 percent and 4 per 10,000); and nonpsychotic organic cerebral syndrome (5.2 percent and 1.6 per 10,000), constituting the five main categories in order of frequency. They are followed by: functional psychoses and organic psychoses (6.8 percent and 2.2 per 10,000); psychosomatic disturbances and maladjustment. Finally, we also considered deferred categories and others, which only constitute a rate of 1 per 10,000 inhabitants. We also pointed out in the work on the prevalence of mental illness that neuroses, personality disorders and mental retardation are the psychiatric categories most frequently diagnosed in our country. Situational reactions occupy fourth place when we consider the appearance of new cases diagnosed in our mental health service during the period in question.

Depression predominates in our study, followed by anxiety and hysteria. Involuntary forms occupy fourth place. Other forms of illness scarcely appear in our survey.

Functional psychoses predominate over the organic (59.5 percent compared with 40.5). In one month, the group of reactive psychoses had a rate of .6 per 10,000 inhabitants, followed by new diagnoses of schizophrenia, with .4 per 10,000 and affective psychoses, with .2 per 10,000.

Chronic paranoid psychoses had a similar rate.

Organic psychoses considered on the whole had a proportion of .9 per 10,000 inhabitants during the month, basically resulting from arteriosclerosis, epilepsy and posttrauma.

Our adult population suffering from mental regardation was included in our psychiatric services with clear predominance of slight forms (74.4 percent) and borderline cases (14 percent). On the whole, mental retardation had an incidence in one month of 5 per 10,000 inhabitants. No new case of severe regardation was diagnosed and only one case of profound regardation was found.

Personality disorders showed a rate of 6 per 10,000 and are the most frequent form of hysteria, with a rate of 3.2 per 10,000 and over half of all cases. There were eight cases of paranoid personality (.5 per 10,000); four schizoids (.2) and two explosive personalities (.1). No cycloid personality was diagnosed. On the other hand, there were 33 cases in the "others" category, many of them diagnosed as passive-dependent.

Five cases of alcoholism were found, making a rate of .3 per 10,000.

Out of the entire group of these psychiatric categories, 95.3 percent corresponded to personality disorders and 4.7 to alcoholism. During the period studied, no new case of sexual deviation or drug dependency was diagnosed.

Situational reaction was the diagnosis with the greatest incidence in the psychiatric service during the period in question, with 12.3 percent of all new cases and a rate of 4 per 10,000 inhabitants. It is followed by depressive neurosis (11.9 percent and 3.8 per 10,000); slight mental retardation (11.8 percent and 3.7 per 10,000); anxiety neurosis (11.6 percent and 3.7 per 10,000); hysteric personality disorders (10.1 percent and 3.2 per 10,000); and hysteric neurosis (6.4 percent and 2 per 10,000), as the six most frequent subcategories.

If we consider personality disorders (COD. 301.5) and hysteric neurosis (COD.300.1) as a single diagnostic entity, hysteria would then occupy first place among new cases with 16.5 percent and a rate of 5.3 per 10,000 inhabitants.

These six subcategories are by far the illnesses that bring the most new cases to our offices, accounting for 64.2 percent of all cases and a rate of 2 per 1,000 inhabitants.

Staff handle 31.5 percent of all neurotics, 22.8 percent of the cases with personality disorders, 17.1 percent of those with mental regardation, 13.8 percent of those with situational reactions and only 5.4 percent suffering from psychoses. Of these, 3.4 percent correspond to functional and 2 percent to organic psychoses. Some 33.7 percent of the neurotics are treated as out-patients, while the percentage is 17.1 for personality disorders, 16.1 for mental retardation, 13.1 for situational reactions and only 3 for psychoses. Of these, 2.5 percent correspond to organic psychoses.

The incidence of hospitalization was 41.3 percent for neurotics, 10.8 percent for personality disorders, 6.5 percent for mental retardation, 4.4 percent for situational reactions and 32.6 percent for psychoses. Of these, 23.9 percent corresponded to functional psychoses and 8.7 percent to organic psychoses.

Most of the patients (new cases) were handled by staff, amounting to 54.9 percent of the total, while 36.7 percent were seen on an out-patient basis and 8.5 percent were hospitalized. In practically all categories, this predominant handling by guards was seen, with the exception of patients with psychosomatic disturbances, nonpsychotic organic syndromes, illnesses in the category of "others," where out-patient care was the most common, and with functional psychoses, 50 percent of which were admitted the first day they were seen. It is obvious that patients with illnesses such as neuroses and personality disorders should preferably be handled by staff when therapeutic possibilities are such that they should be seen as out-patients in their health areas. This should make us reflect on our manner of meeting the current needs for psychiatric care of our population.

Based on the line of our psychiatric care and considering the specific weight of the different illnesses, we have drawn up a prevalence-incidence index in which the numerator corresponds to the rate of prevalence and the denominator to the rate of incidence.

Through this index, we can observe that out of every 10.9 cases of organic psychoses, one is new.

Out of every 3.1 cases of neuroses, 3 cases of personality disorders, 3 cases of mental retardation, 2.8 cases of nonpsychotic SOC [expansion unknown] and 2.1 cases of psychosomatic illness, 1 was a new case.

It is striking that maladjustment, with 1.8, and situational reaction, with 1.5, were generally seen on a one-time basis, which demonstrates the acute and solvable nature of these categories. When we recall that in both cases, most were handled by staff personnel, then we observe that it is at that level that we were handling care for this interesting mental health problem. In general, out of every 3.1 patients seen in psychiatry, 1 was a new case.

Conclusions

The rate of psychiatric illnesses, based on care administered for one month, was 3.2 for every 1,000 inhabitants in the municipality of Camaguey.

The health area with the highest incidence was Camaguey (Agramonte) and the central area had the lowest incidence.

The most frequent age groups seen among the new cases were those between 20 and 34. There was a clear predominance of young people in their social and working prime.

There were more women than men, in a proportion of 3 for every 2.

There were more married people or couples living together, which constituted over half of the cases.

A little over three-fifths were studying or working at the time of the research. Over one-fourth included housewives.

Most patients had gone to the sixth grade or beyond and from sixth to tenth grade was the average.

Most of the new patients were handled by the guards.

Neurosis was the most frequent diagnosis, making up one-third of all new cases.

It is followed by personality disorders, mental retardation, situational reactions and nonpsychotic cerebral organic syndromes.

Depressive neuroses were predominant, followed by anxiety and hysteria.

Functional psychoses were most frequent than the organic, although reactive psychoses constituted a majority.

Slight mental retardation included three-fourths of this category. No new cases of severe or profound retardation was found.

Hysteria was the most frequent variety of personality disorder, with over half of the cases. Only five cases of alcoholism were detected. There were no cases of sexual deviation or drug addiction.

Situational reactions constituted the most frequent specific diagnostic subcategory, with almost one-eight of all cases. It is followed by depressive neurosis, slight mental retardation and anxiety.

If one adds personality disorders, hysterics and the hysteric neurosis to the diagnosis of hysteria, then it would occupy first place among all new cases, making up one-sixth of the total.

Nearly one-third of the new patients seen by the staff are neurotics and a little over one-fifth have personality disorders.

Neuroses and personality disorders are also the most frequent categories in patients seen on an out-patient basis and those hospitalized.

Nearly one-third of those hospitalized are psychotics and the so-called paranoid psychoses predominate.

Over half of the new patients are seen by the staff and something over one-third are seen as out-patients.

Half of the patients with functional psychoses diagnosed for the first time were admitted.

Out of every 3.1 patients seen in psychiatry in October 1976, 1 was a new case. The extremes were the paranoid psychoses, with a proportion of 10.9 patients handled for every new case, and the situational reactions, where 2 out of every 3 were new cases.

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CSO: 3010/1196

DETAILS OF TEN-YEAR HEALTH SERVICES PLAN

Addis Ababa THE ETHIOPIAN HERALD in English 10 May 81 p 1

[Text] Addis Ababa (ENA)--Eighty per cent of the broad masses of Ethiopia will have access to health services in the coming ten years.

This was disclosed at the fourth annual meeting of the health officers professional association currently in progress at the Black Lion Hospital. The meeting was discussing a report presented in connection with the ten-year indicative health plan of Socialist Ethiopia.

The plan was prepared by the Planning and Programming Section of the Ministry of Health. The ten-year indicative plan shows the programmes and activities to which priority has been given.

Included among the programmes is the training of kebele health representatives and traditional midwives, expansion and strengthening of clinics and health centres, the extension of junior level and regional hospitals, and the establishment of new hospitals in rural areas.

Measures will be taken to enhance mother and child care, to control contagious diseases, to deal with nutritional and food imbalance, and to ensure that traditional medicine would give the necessary services to the masses after it had been upgraded scientifically.

The translation into deeds of the ten-year indicative plan envisages that 80 per cent of the children of the country would receive vaccinations against the six major children's diseases before they reach the age of two. Expectant mothers would also be provided with the appropriate medical care.

The training of professional health workers will be stepped up. Efforts will be exerted to produce more medical equipment and pharmaceuticals in the country. At the end of the plan period, it is expected that an additional 2,200 clinics and health centres would become operational. Production of pharmaceuticals aims at meeting 50 per cent of the local demand. Branch pharmacies would be created in the different regions to ensure that medicines are sold to the masses at fair and equitable prices.

CSO: 5400/5166

WOLLO, SHOA, KAFFA REGIONS TRACHOMA CONTROL PROJECT

Addis Ababa THE ETHIOPIAN HERALD in English 10 May 81 pp 1, 6

[Text] In the past four and a half years of activity, the Trachoma Control Project has given treatment to about 220,000 people against trachoma and other communicable eye diseases. The project started its field activities in Kalu province, Wollo Administrative Region. Similar activities were extended to Kaffa and Shoa regions.

This was disclosed by Comrade Assefa Cherinot, Head of Trachoma Control Project in the Ministry of Health in an interview with THE ETHIOPIAN HERALD. Comrade Assefa said that the main objectives of the project are to strengthen the Eye Center in Addis Ababa, start and maintain Field Activities to control Trachoma and communicable eye diseases in Wollo, Shoa and Kaffa regions with emphasis on developing an operational methodology suited to the objective conditions of the country and train health personnel in control methods in the project area.

He further said that population visual status has been assessed in Kaffa, Gamo Gofa, Arssi, Gojjam, Wollega and Shoa which have an estimated total population of 12 million. As revealed by this sample study 4.99 percent had low vision and 1.23 percent were blind and that trachoma and cataract are the main causes of blindness. Comrade Assefa went on to say that 60 to 80 percent of the population has trachoma according to studies conducted in Wollo, Shoa and Kaffa. In order to combat trachoma, the present level of technology of treatment should be integrated to environmental changes such as community hygiene, adequate water supply, waste disposal system, individual upkeep of hygienic conditions and, above all, acute awareness of the public about the disease. As regards measures taken by the project to combat trachoma Comrade Assefa said that mass health education is given to groups of volunteers selected from peasant associations. Their training encompasses application of medicine and educating the community on the dangers of trachoma. The Project has trained about 8,000 volunteers who are presently rendering free services in their respective communities in the three administrative regions. The Project also gives training to health personnel in the health institutions in the activity area. Training on trachoma is also given to students in the faculty of medicine in Addis Ababa University.

Impressive Performance

Comrade Assefa revealed that around 600 health workers have been given adequate training in trachoma and communicable eye disease control. This will give the

health workers a better idea about the seriousness of the diseases and its reflection of the socio-economic conditions of the country. He observed that the project has only 26 workers and yet it is making such an impressive performance because it effectively integrates its activities with the existing health services in the country and the active participation of the community. He further noted that as a result of the work done by the project there has been a significant reduction of the disease and its post-effects.

Speaking of the future plans of the Project, Comrade Assefa said that, according to research conducted so far one disease (vertical) programme is taxing and highly expensive. Therefore, the future direction of the programme is to see eye disease as a whole with particular emphasis on the blinding effect of the disease or rather on the prevention of blindness.

CSO: 5400/5166

BRIEFS

GUINEA WORM DISEASE--Permit me to draw the attention of the authorities to a serious outbreak of Guinea worm disease in Awutu-Bewuanum in the Central Region. This appalling situation had come about because the people at the moment have no pipeborne water supply and, as a result, they have been compelled to drink from contaminated wells and streams to the detriment of their health. This undoubtedly has cost several persons their lives. The most distressing fact is that the only standing pipe serving the people cannot provide the people with portable water any longer. A contractor working on the only road linking Awutu-Bewuanum and the rest of the country damaged the main pipe line some two years ago, and had not even bothered to repair it. So should the people suffer because of the negligence of someone? I would like to make a passionate appeal to the Government to send immediately a team of medical personnel to save the people from the clutches of the Guinea worm disease. Also I would like the authorities to instruct the contractor who negligently damaged our pipeline to repair it so that water could once again flow to Awutu-Bewuanum. [signed] Kwaw Arye, Bewuanum. [Text] [Accra GHANAIAN TIMES in English 29 Apr 81 p 4]

CSO: 5400

BRIEFS

LEPROSY ERADICATION PROGRAM--New Delhi, May 1--A major national effort will be mounted to eradicate leprosy in the same way as small-pox was wiped out with the help of World Health Organisation. This was decided at the joint meeting of the Science Advisory Committee to the Cabinet (SACC) and the Cabinet Committee on Science and Technology here today. The significance of this decision lies in that so far the national programme sought to "control" spread of the disease rather than eradicate it. The Prime Minister, Mrs Indira Gandhi, in her speech at the meeting stressed the need for initiating a programme similar to that of small-pox eradication to wipe out leprosy. Leprosy has caught the attention of the Government because one-third of the world's leprosy patients are reported to be in India. Dr M. S. Swaminathan, Planning Commission member and chairman of SACC, told pressmen that a national strategy would be formulated and for this purpose a meeting of various institutions--official and non-official--working in the field of leprosy relief would be held. There are an estimated four million persons affected by leprosy in India. Of them 15 per cent are children up to 14 years of age. Since the inception of National Leprosy Control Programme 25 million cases had been detected and 22 millions brought under treatment till October 1980. [as published] [Text] [Madras THE HINDU in English 2 May 81 p 9]

CHOLERA DEATHS REPORTED--Moradabad, May 4 (PTI)--At least seven persons died of cholera in the last four days in village, Itala Mafi, 50 kms from here, according to Sub-Divisional Magistrate, Sambhal, C P N Singh. [Text] [New Delhi PATRIOT in English 5 May 81 p 1]

GUINEAWORM EPIDEMIC--Dungarpur, April 30 (PTI): Lack of clean drinking water has resulted in the outbreak of guinea worm or 'naaru' disease in this tribal district of southern Rajasthan. Nylon twine-like worms, as long as 25 cm., have been removed from hundreds of patients so far. The disease is estimated to have struck about 190,000 of the 690,000 population. Mr. T. Srinivasan, district magistrate told visiting newsmen that the disease was caused by drinking unclean water from ponds and wells, particularly step wells. Eggs of 'naaru', entering the body through water, develop into worms which get lodged in various parts of the body like arms, legs, abdomen and even eyelids and lips. The disease causes acute pain, swelling, rashes, stiffness and paralyses the affected portion of the patient. After entering the body, the egg takes one full year to incubate and produce mainly female 'naarus'. The natured 'naaru' is removed by making an incision on the spot, where its presence can be noticed by its wriggling under the skin. There is no oral medicine for the disease. [Text] [Bombay THE TIMES OF INDIA in English 1 May 81 p 7]

BRIEFS

UNIDENTIFIED DISEASE--Medan, 25 May (OANA/ANTARA)--A still unidentified disease has within the past 3 weeks killed over 20 people in Sihulambu Village, some 100 kilometres north of the South Tapanuli regency capital of Padang Sidempuan, the provincial daily SINAR INDONESIA BARU reported Saturday [23 May]. "The deaths may have been caused by various epidemics," the Regency Health Service chief, Dr Kodri S. Siregar, told ANTARA when asked for his comment. The newspaper quoted a school teacher in Padang Sidempuan as saying those afflicted with the disease had little chance of escaping death. Dr Siregar said he still had not received an official report from the Puskesmas (health clinic) nearest the affected village, but had nevertheless ordered a check into the situation and other necessary preventive steps to be taken. [Text] [Jakarta OANA in English 0903 GMT 25 May 81 BK]

CSO: 5400

BRIEFS

GAZA INFANT MORTALITY--Infant mortality due to diarrhea has declined by 49 percent in the Gaza Strip region since 1978. The rate of hospitalizations due to diarrhea declined by 35 percent in the same time period, this as a result of new treatment being administered to children under three. According to surveys, the area experienced a reduced infant mortality rate of two thirds or more since 1967. The significant improvement in the treatment of infants and in the prevention of deaths in this age group was achieved after adopting a liquid treatment method developed by the World Health Organization. Surveys conducted by WHO a few years ago determined that 30 percent of the infant mortality rate in developing countries was caused by diarrhea, where the direct cause of death was dehydration from the diarrhea. Until then, it had been customary to treat the phenomenon of dehydration by administering liquids intravenously. The World Health Organization developed a solution which could be given to the children orally. Experiments conducted with the solution showed that it was also effective in cases of malnutrition, a late complication of diarrhea. Following the Six Day War a survey was conducted among children in the Gaza Strip area which found that the infant mortality rate was 120-140 per 1000 children. This rate was similar to that which existed at the time in other developing countries. From 1978, in addition to other improvements which had been introduced into the health care system over the years, they began treatment with the new solution. The treatment involved a population of 60,000 children under three years of age. Data from a survey conducted in 1980 indicated that the infant mortality rate in the area had declined to 43 per 1000 children, lower than any other Arab nation in the same year. [Text] [Tel Aviv HA'ARETZ 27 Apr 81 p 4] 9811

CSO: 5400/4737

CHOLERA OUTBREAK IS CONFIRMED

Nairobi DAILY NATION in English 8 May 81 p 5

[Text] Constitutional and Home Affairs Minister Charles Njonjo said there was an outbreak of cholera at Mogotio on April 25.

Mr. Njonjo, who is also Acting Minister for Health, was answering a question from Nakuru North MP Koigiwa Wamwere.

The member said there had been an outbreak of cholera at Mogotio, on the boundary of Nakuru and Baringo districts, and wanted to know what was being done to halt the spread of the disease.

After admitting there was an outbreak on April 25, Mr. Njonjo said four people were found suffering from the disease and were isolated.

As the Minister was answering the question, some Members said Mogotio was not in Nakuru District but in Baringo. "Since the question was asked by a Member from Nakuru," said Mr. Njonjo, "I thought the area was in Nakuru."

Assistant Water Development Minister Edward Kiptanui, who is Baringo South MP, asked whether the member could ask a question about Baringo without consulting him?

Assistant Water Development Minister Charles Murgor cleared up the matter when he told the House Mogotio was on the boundary of Nakuru and Baringo districts.

Mr. Murgor got a hearty applause before Mr. Njonjo asked: "Is the fight over?"

Disease

Kitutu East MP Abuya Abuya then asked whether the Minister was in order to ask whether the fight was over.

Mr. Njonjo told the House: "I confirm that there was an outbreak of cholera. On April 26, 18 people were examined and one was found to have the disease. On May 1, another examination was carried out on 76 people travelling from Turkana to Nakuru and two of them had the disease and they too were isolated."

The Minister told the House that a surveillance team had been formed in the affected area to study the outbreak. He said everything was being done to curb the spread of the disease.

Assistant Energy Minister Kassim Mwamzandi jokingly asked Mr. Njonjo to explain how he guarded against cholera.

"There is no need for any scare...drugs have been sent to the area for massive inoculation if necessary," said Mr. Njonjo.

Kamukunji MP Nicholas Gor asked the Minister whether there was an outbreak of cholera in Mbita and Ndhiwa in Nyanza Province.

Said Mr. Njonjo: "Cholera, as we all know, is transmitted through carelessness. One goes to the toilet and leaves it without washing one's hands."

CSO: 5400/5164

SINALOA LEPROSY CALLED WORLD'S MOST MALIGN

Mexico City EL SOL DE MEXICO in Spanish 24 Apr 81 p 5-F

[Article by Dr Moises Bernal Torres]

[Excerpts] Culiacan, Sin. (OEM)--Dr Moises Bernal Torres, a Sinaloa dermatologist who has devoted 15 years to research on the control and management of leprosy cases in Sinaloa, when invited as president of the coordinating committee of the 16th Annual Congress of the Mexican Leprology Society--which will take place in Culiacan on 4, 5 and 6 May--to tell us briefly about some of the most important aspects of the disease and the work which he has been carrying out quietly but effectively, furnished us with the article which we print below.

It should be pointed out that, in spite of the seriousness of the leprosy problem, there is only one dermatology department in Sinaloa--"Aurelia Echavarria," next to the Panteon Civil--and it lacks the sanitary conditions, let alone the clinics, needed for the treatment of this disease.

Article From EL SOL DE SINALOA

The state of Sinaloa has the highest incidence in the country of the disease commonly known as Hansen's Disease (leprosy), with an incidence of 1.5 per 1,000 inhabitants; and furthermore, this figure does not represent the true picture, since the majority of persons suffering from the disease hide themselves.

That figure is already alarming in itself, and added to it is the fact that in Sinaloa there exists the most virulent type of leprosy, known as lepromatosa difusa, which causes the phenomenon of Lucio and mutilations of the extremities.

Background

The disease has been in existence in Mexico for more than 400 years. At present it constitutes a public health problem in some [illegible] of the country, where it is classified as moderately endemic. There are areas on the slopes near the Pacific Ocean (Sinaloa, Colima), where there are prevalences of 2 to 3 per 1,000 inhabitants, and in some towns up to 12 per 1,000. This is because leprosy is not

easily transmitted, and affects limited focal points. Sinaloa has the highest prevalence in the Mexican Republic, amounting to 1.42 per 1,000.

Geographical Location

The state is located in the northwest section of the republic: bounded by the Pacific Ocean on the west, Sonora and Chihuahua on the north, Durango to the east and Nayarit to the south. It has an area of 58,092 square km (2.95) of the national territory. The geography of Sinaloa is characterized by the coastal plains to the west and the Sierra Madre Occidental to the east, where 11 rivers have their source. It has a humid tropical climate. Of its population, 51.31 percent is employed in agriculture, cattle-raising and fishing. It has a population of 1,453,625 inhabitants.

The Disease at Present

In 1975 Sinaloa continued to have the highest prevalence of leprosy (1.42 per 1,000). The districts most affected are in the Central area, with a total of 1,117 patients, with prevalence of 2.9 and 2.6 in Mocorito and Salvador Alvarado respectively. The Northern area, which extends from Sinaloa de Leyva to Ahome, has 603 cases, with prevalences of 4.1 in the municipality of Sinaloa. As for the South, from Casala to Escuinapa, we have 353 active patients registered, with the highest prevalence in Escuinapa and San Ignacio, with 1.8 and 1.4 respectively.

There are a total of 2,073 cases in the state, divided among almost 600 locations, which have a total population of 1,453,625 inhabitants. As has already been noted, the state is divided into three sectors for better management of the patients. Each sector is assigned a mobile unit, which works in coordination with the Culiacan Dermatological Center, whose director is Dr Jesus Rodolfo Acedo Cardenas, a pioneer and driving force in this battle, with more than 30 years uninterrupted service.

In Sinaloa the most prevalent forms of the disease are lepromatosas of the L. Difusa variety, which is considered to be the most virulent. There are 1,182 cases, or say 57 percent of the total. An average of around 145 new cases are discovered each year in the state; so that we can state that an active and increasing endemic is present in Sinaloa, which merits more and better attention.

Conclusions

From the above it can be seen that the problem in Sinaloa at present is recognized, and that more or less exact figures exist concerning it, but we should not forget that there is reason to believe that the real problem is greater than what the figures show at any given time. On this basis, efforts must be intensified for the proper control of the endemic. The peculiar ancestral prejudice about this disease is deeply rooted in Mexico, and affects every sector of society. It gives a very special coloration to the struggle against this disease. Leprosy possesses clinical characteristics and special therapies, which, contrary to what is claimed, call for more study as well as dedication on the part of the doctors and auxiliary staff. Campaigns against leprosy are more difficult than those against other diseases; therefore we must give it our best efforts.

8131
CSO: 5400/2117

BRIEFS

CHOLERA RESURFACING IN BEIRA--The cholera outbreak that has been affecting the province of Sofala caused 4 deaths in Beira in the past 15 days, following a period of significant quiescence. This coincided with the heavy rains that fell in that region, which worsened the sanitary conditions of that provincial capital's suburbs. Poor sanitary conditions in these residential areas provide fertile ground for the development of the disease, which has already assumed an endemic character in Beira, creating fears of epidemic outbreaks. The cholera outbreak in Buzi has already ended, since the last case was registered on 18 March. The persistence of poor sanitary conditions affects the situation in Mafambisse, where the disease is now stationary and where the outbreak caused 8 deaths since it was detected, equally distributed between hospital and home. In Caia the first cases were detected on 29 March; the situation is now stationary. A total of 3 deaths in the hospital have been registered in this locality, as well as 8 deaths at home. [Text] [Maputo NOTICIAS in Portuguese 10 May 81 p 2]

CSO: 5400

BRIEFS

POSSIBLE POLIO CASES--The Health Ministry Regional Office No 1, which includes Leon and Chinandega departments, reported after the polio vaccination campaign of 9 and 10 May that there are three possible cases of polio in children less than 1 year old. These children are being kept at the Oscar Danilo Rosales Hospital in Leon, and following various tests, it was determined that one of them has encephalitis. Laboratory test samples of the other two minors were taken and the samples were sent to Cuba to determine if the children really have polio. [PA220048 Managua Radio Sandino in Spanish 1800 GMT 15 May 81]

CSO: 5400/2128

ENDEMIC DISEASE RATE DROPS IN HEILONGJIANG

OW250750 Beijing XINHUA in English 0740 GMT 25 May 81

[Text] Harbin, 25 May (XINHUA)--The endemic disease incidence has markedly dropped in Heilongjiang Province thanks to the province's efforts to dig more deep wells and channel river and spring water, according to the provincial health bureau. To date more than 1,700 wells were dug, 60 water diversion projects completed and 400 filter beds built. 1 million people in 2,094 villages in the endemic areas are now able to get good quality water. A recent investigation showed that many patients in the province have recovered and no new cases reported, the health bureau said.

In some remote rural areas of the northeast China province, the water is deficient in trace elements or contains too much fluoride and other chemical elements, which are harmful to people's health. As a result many people in these areas have suffered from goiter, fluoride poisoning, Kaschin-Beck's disease (iron rickets), Keshan disease (an endemic cardio-myopathy first found in Keshan County, Heilongjiang Province), and brucellosis, the bureau said.

Led by the leading group of the Central Committee of the Chinese Communist Party for the control of endemic diseases in north China, the province organized engineering teams in 1975 to help the people dig deep wells or draw river and spring water from other places.

More than half of the peasants in the Jixian brigade, Huachuan County in the eastern part of Heilongjiang Province, suffered from goiter before 1978 because of a deficiency of iodine in the water. While treating its people with iodine salt and other medications, the brigade dug a 97 meter deep well of which the water contains iodine. Almost all the goiter sufferers were cured, the bureau said.

Heilongjiang province plans to dig another 300 deep wells in the endemic areas this year in an effort to gradually eradicate endemic diseases.

CSO: 5400

BRIEFS

RURAL HEALTH UNITS, HOSPITALS--The Philippines is expected to experience significant improvement in its demographic and overall health status during the decade. At present there are 1,991 rural health units (RHU) with their 4,555 satellite barangay health stations (BHS) and 407 government hospitals with a total bed capacity of 39,129. Manning the RHU's are 1,491 physicians, 1,954 nurses, 1,005 midwives and 2,229 sanitary inspectors. Complimenting these rural health personnel are 177 government dentists assigned at the RHU level. The government hospitals are staffed by 1,974 doctors and 6,569 nurses. [By Lynda Buen Valencia] [Excerpts] [Manila PHILIPPINES DAILY EXPRESS in English 4 May 81 p 2]

CSO: 5400

BRIEFS

EPIDEMIC LINKED TO BIOLOGICAL WEAPONS--Madrid, 23 May, TASS--Concern is mounting in Spain over an epidemic caused by a mysterious virus affecting human lungs. Nearly 2,000 patients have been hospitalized in the clinics of Madrid, Valladolid, Salamanca, Avila, Segovia and other cities. Eighteen lethal cases have been registered. The illness affects chiefly children and teenagers. Among its symptoms are strong headaches, high fever and a dull ache in the breast. At the same time the whole body is covered with red spots. The epidemic started three weeks ago in Torrejoin-de-Aross, a satellite town of Madrid. Suppositions are made in this connection here that the leakage of virus occurred from the U.S. Air Force base, where biological weapons are stored in that area. The Madrid newspaper EL PAIS points out that it was precisely at that American base that 24-year-old Sergeant of the U.S. Air Force Marcelo Perez died in 1979 from a sickness reminiscent in form of the present epidemic. A little later another two American servicemen died in similar circumstances. The military administration of the base did not allow Spanish physicians to make autopsy to determine the cause of the disease and methods of its treatment, while it spreads to ever new districts of the country. In recent days the epidemic spread to Portugal. [Text] [LD281458 Moscow TASS in English 1444 GMT 28 May 81]

CSO: 5400

BRIEFS

ANTI-RABIES PROGRAM STEPPED UP--Government yesterday decided to launch an accelerated program for the control of rabies in Sri Lanka. The Cabinet approved a proposal by the Minister of Health Gamani Jayasuriya to give effect to this scheme. Every year 10 to 14 thousand persons are treated all over the country, but the total number of persons bitten by mad dogs and cats is estimated to be much higher than this. The dog population of the country is reported to be around 2.5 million. Of this 70 to 75 percent are stray dogs. In 1977, 35,798 dogs were vaccinated against rabies and in 1980, 120,000. A WHO consultant has been obtained by the Ministry of Health to deal with the problem on a national scale. Special staff and equipment will be provided to the Ministry of Health to accelerate action on this program. [Text] [Colombo CEYLON DAILY NEWS in English 14 May 81 p 1]

CSO: 5400

BRIEFS

HEPATITIS ANTIGEN TO ROC CHILDREN--Dr Ivan L. Bennett, a technological director to the Executive Yuan of the Republic of China, advised health authorities here to give children antigen vaccine injections to prevent type-B hepatitis. He also said a hepatitis inspection center should be formed in the National Health Administration to trace and do research on those infected with hepatitis and virus carriers, to control the spread of the disease. He made the statement at a financial and economic meeting at the Presidential Office yesterday. President Chiang Ching-kuo had asked health departments to find effective ways to control hepatitis which is a growing threat to public health in the country. Dr Bennett said that the most effective way to avoid the disease is to control the spread of it. Mothers can pass the virus on to babies during breast-feeding, while adults are often infected through unclean food containers and blood transfusion instruments. As 15-20 percent of the total population in the R.O.C. are type-B hepatitis virus carriers, the highest national percentage in the world, Dr Bennett pointed out, children in this country need these vaccine injections. He said as soon as the quality and safety of the injection have been thoroughly examined, the anti-hepatitis injection should be implemented nation-wide. [Text] [THE CHINA POST in English 7 May 81 p 12]

CSO: 5400

BRIEFS

TWO CHOLERA DEATHS--Bukoba--Kagera Region has registered one death out of 21 patients who were suffering from cholera since the outbreak of the disease in the region almost a month ago. According to a Ministry of Health statement issued here all the patients who were hospitalised in Bukamila village and Chato Health Centre in Biharamulo, have been discharged after treatment. The disease now remains in Rubambangwe village near Chato where the one death occurred. [Text] [Dar es Salaam DAILY NEWS in English 2 May 81 p 3]

ADDITIONAL MEASLES DEATHS--Lushoto--The number of children who have so far died of measles in Lushoto district has risen from 51 to 62 following the death of other 11 children in Mtae division, between May 10 and May 16. According to a health official here the disease is apparently threatening most part of the district and that it has "replaced" cholera which a few months ago shook the district. He said that the health department in collaboration with d.vision health officers have already distributed medicine to the affected areas. [Text] [Dar es Salaam DAILY NEWS in English 22 May 81 p 3]

CSO: 5400

DRAFT LAW FOR DISEASE PREVENTION

Abu Dhabi AL-ITTIHAD in Arabic 18 Apr 81 p 2

[Article: "Cabinet Presents its First Draft Law for Disease Prevention to the Federal National Council"]

[Text] The Cabinet presented to the Federal National Council its first draft law for disease prevention related to communicable diseases, after it was recently approved for discussion. The draft law is aimed at protecting the country's citizens and taking preventive and health measures whenever communicable diseases appear. The law defines 37 contagious diseases and requires that the first six of these diseases be reported as soon as they occur. These are: plague, small pox, cholera, typhus, quartan fever and yellow fever.

The draft law requires doctors, hospitals, patients' relatives, work chiefs, university or school principals, captains, pilots, prison, hotel and military camp managers to report any patients who are afflicted with any of these six diseases. This would enable the Ministry of Health to move quickly to protect its citizens from becoming afflicted due to the fast epidemical spread of such diseases.

The law prevents a patient afflicted with one of the above diseases from traveling or moving anywhere except to the hospital or health treatment center, unless otherwise approved by the special health authorities. Furthermore, a passenger who is afflicted with one of these diseases is not allowed to stay anywhere until after he informs the special health officials and gets their approval. The law also requires a school or institution principal to isolate afflicted students and admit afflicted students only after they get an approval from the health office. The law also authorizes the Ministry of Health's inspectors to carry out health control and inspection of anyone entering a building, a location, a vehicle, a ship or a plane whenever they believe or suspect that an afflicted person has disappeared in that area.

In the event it is confirmed that a person is afflicted with, or is a carrier of, a contagious disease, the draft law authorizes the special health officials to stop him from working for as long a period as they deem necessary. The minister of health may, upon consultation with the minister of interior, close theatres, gymnasiums, night clubs and other places as he deems necessary to prevent the spread of any disease. When an affliction with a contagious disease occurs, schools and institutions may also be closed.

Special health officials are authorized, upon a court order, to destroy, or order destroyed, any temporary building, luggage, clothes, etc. if they confirm that such materials have been contaminated and were not sterilized. The court will order suitable compensation if proof was available that the damage was not intentional or due to neglect by the afflicted person. The health officials are also authorized to destroy any food or drinks they believe to be contaminated.

When an epidemic occurs or any dangerous diseases spread, the draft law gives the minister of health the authority to take specific measures, including closing any contaminated area, controlling entry and exit to it, and preventing gatherings and private and public festivities.

Those who do not report a patient afflicted with a contagious disease are penalized, according to the draft law, by imprisonment for a maximum of one month and a fine of 2,000 dirhams, or by either one of these penalties. Those who break the law or the health orders the law stipulates will be sentenced to six months in jail and fined 5,000 dirhams, or will suffer one of the two penalties.

9455
CSO: 5400/4735

BRIEFS

EYE DISEASE CONTAINMENT--Hanoi, VNA, 5 May--Entropion, a widespread eye disease affecting the people's health in the past, has in the main been curbed in Ha Son Binh Province, southwest of Hanoi. Ha Son Binh, recognized by the Public Health Ministry as the 10th province in the country to have eliminated entropion, is inhabited by 1.5 million people. Water-logging and floods often occur in the province's low land in the monsoon season whereas clean water sources are rare in its mountain regions and jungles. These have subsequently given propitious conditions for the outbreak of various epidemics including eye diseases. Since 1974, the province's medical service has conducted many district-wide campaigns to uproot eye diseases. Its surgical teams have gone to villages for medical treatment of entropion-stricken farmers. More than 30,000 patients have been treated with over 65,000 operations. More than 60 villagers suffering from cataract have been operated on and their eyesight restored. Due to inadequate facilities and medicines, 30 percent of the people in Ha Son Binh suffering from trachoma and cataract have not received proper treatment. The province is doing its best to prevent trachoma and cure cataract as an active response to the international year of the disabled. [OW060129 Hanoi VNA in English 0715 GMT 5 May 81]

CSO: 5400/4595

BRIEFS

TYPHOID FEVER IN SHABA--Shaba region has joined the number of regions which have been hit by an epidemic outbreak. Typhoid fever is reported to have appeared and out of 200 persons examined only 45 were declared free from the attack last night. Doctors are following closely 70 cases in Kolwezi. The state commissioner for health has ordered a number of medical supplies to be sent to the area. He said the situation in Boma, where only eight persons are still in the hospital, is returning to normal. [Excerpts] [AB230910 Kinshasa Domestic Service in French 1800 GMT 22 May 81]

CSO: 5400/5153

'SERIOUS' SPREAD OF CEREBRAL MALARIA

Lusaka DAILY MAIL in English 7 May 81 p 4

[Article by Wellington Kalwisha, Francis Mwanza]

[Excerpt] **BARELY a month after containing the deadly typhoid outbreak, health authorities are again making frantic efforts to assure a seemingly panic-striken populace that there is nothing mysterious about the current spread of cerebral malaria.**

In Lusaka, where over 100 people are admitted at the University Teaching Hospital (UTH) with cerebral malaria, UTH senior superintendent Dr. Davies Mwaba has convened as "emergency" meeting to plan ways of controlling the outbreak while the situation at other big hospitals along the line of rail was reported to be normal.

In Livingstone, hospital superintendent Dr. Ragindra Mahesh said there were no cases of the disease reported yesterday.

On the Copperbelt provincial medical officer, Dr. Vinayak Ganu, said from Ndola that his office had already worked out preventive measures aimed at controlling cerebral malaria.

The death toll from the disease over the last two months has been put at 38 and whilst assuring people not to panic, medical authorities are not hiding the deadliness of the disease.

Both Dr Ganu in Ndola and the deputy director of medical services in charge of preventive medicine, Dr. Winford Lungu have described it as "serious."

Dr Ganu told the Mail that cerebral malaria was a dangerous disease which attacked the nervous system and that as such, people should endeavour to take measures aimed at ensuring that they were safe from it.

He, however, allayed any fears of a possible mass out-break on the densily populated Copperbelt.

He said the hospitals in the province had enough drugs to cater for the entire population and any cases taken to hospitals would be quickly attended to.

"We only ran short of the drugs last month because of lack of transport as the drugs were then just coming in from outside the country," he said.

All the doctors interviewed in the survey emphasised that the disease, serious as it may be, is curable and what was important is for patients to rush to the hospitals as soon as they feel the symptoms.

Even the outbreak, though claiming more victims this time, is not wholly unusual because the disease, which is caused by an anopheles mosquito which lives in stagnant water and in swampy areas, is common during the rainy season.

CSO: 5400/5162

BRIEFS

DEATHS FROM 'UNDISCLOSED DISEASE'--Twenty-two people have died from an undisclosed disease in Shangalula and Madyongo areas of Chief Simwatachela in Kalomo district within the past two weeks. Chief Simwatachela has reported the matter to the district executive secretary Mr Remmy Shangobeka in a letter he sent to him last week. The letter says 22 people died in the two areas between April 20 and last Friday. The letter asks the district executive secretary to ask medical authorities to send some people by helicopter there if lives are to be saved. The chief says no vehicle can reach the affected places because of landmines which were planted by rebel commandos during the struggle for the liberation of Zimbabwe. Chief Simwatachela has meanwhile gone for an on-the-spot inspection tour of the places. [Text] [Lusaka TIMES OF ZAMBIA in English 12 May 81 p 1]

INCREASED INCIDENCE OF MALARIA--The incidence of malaria is on the increase in Mumbwa where the district hospital is treating between 100 and 250 patients a day. Medical officer-in-charge Dr Prakesh Patel said at present 20 patients were admitted at the hospital, but he added that the high incidence was not alarming. "While I admit that we are having between 100 and 250 cases in the out-patients' department, I must say that at this time of the year, the disease gives us problems. But the situation is under control," he said. [Excerpt] [Lusaka TIMES OF ZAMBIA in English 21 May 81 p 5]

CSO: 5400

BRIEFS

ASEAN FISH QUARANTINE--Bandung, 20 May (ANTARA)--The five-member countries of the Association of Southeast Asian Nations (ASEAN) have agreed to set up an ASEAN fish quarantine to control and eliminate fish diseases. The agreement was reached at the eighth session of a Committee on Agriculture and Forestry here recently. The agreement will then be brought up for discussion and endorsement at the forthcoming ASEAN economics ministers [meeting]. Fishery Director General Imam Sardjono and fishery experts consider the setting up of the quarantine as "very" important to control any possible outbreak of fish diseases coming from the member countries or from outside. With this agreement, ASEAN countries will caution each other against such possibilities. Indonesia has suffered once from a disease which destroyed hundreds of tons of its gold fish worth millions of rupiahs, sources here told ANTARA. The session also covered discussions on exclusive economic zone and sea potential joint surveys. [Text] [Jakarta ANTARA in English 0701 GMT 20 May 81 BK]

CSO: 5400/2127

SMUGGLED PETS SUSPECTED OF HAVING RABIES, MENINGITIS

Melbourne THE AGE in English 29 Apr 81 p 3

[Text] Brisbane--Quarantine officials have seized more than 250 pet hamsters and gerbils in Melbourne, Brisbane and Caloundra which they believe could be infected with rabies and meningitis.

They believe the hamsters, sold as "wombles" and gerbils (mouselike creatures) have been smuggled into Brisbane from Hong Kong and the Philippines during the past 12 months. Officers throughout Australia have been warned of possible further smuggling attempts.

Queensland's Primary Industries Minister, Mr Ahern, yesterday appealed to parents who have purchased either animal for children's pets to immediately isolate them away from human contact.

"They should telephone quarantine officials or their nearest primary industries office and the animals will be collected," he said.

People buying the animals at pet shops, or pet shop owners not involved in the smuggling operation, would not face any threat of prosecution. "But we certainly will take action against those directly involved in the smuggling, or anyone who knowingly tries to keep any of these animals," Mr Ahern said.

Fatal

Rabies and meningitis, which are fatal diseases, are prevalent in both Hong Kong and the Philippines and have a serious disease potential to both humans and warm blooded animals, particularly dogs.

A search is being held in Sydney for at least one consignment believed to have been received by pet shops from Queensland-based breeders.

If one of the animals bit a child, or a dog, or was eaten by a dog, and rabies was present in its saliva, the disease could spread rapidly.

A Commonwealth Quarantine official said that rabies almost certainly could never be eradicated if there were an outbreak in Australia, the world's largest land mass free of the disease.

Mr Ahern said initial physical inspection of the hamsters seized so far showed no clinical indication of either disease. Their brain tissue will be tested.

The presence of the animals in Australia was discovered after a member of the public recognised a hamster as an illegal import. The Commonwealth-State exotic disease emergency plan was then implemented.

Mr Ahern said hamsters posed a second serious threat--their potential to reach plague proportions. Hamsters can breed faster than rabbits. Starting at two months of age, they can produce 60 offspring a year.

CSO: 5400

BRIEFS

HAMSTER, GERBIL BAN--Melbourne--Hamster owners in Victoria will face heavy fines under emergency legislation to be introduced in State Parliament today. Anyone who keeps, breeds, abandons, sells or delivers hamsters or gerbils will be liable to a fine up to $1000. A person who fails to notify the existence and location of the rodents will face a penalty of up to $500. A "cooling off" period for people keeping hamsters will be allowed and the fines will not come into force until Saturday. The legislation also will make it legal to kill hamsters or gerbils. The hamsters--about one-third of the size of guinea pigs--and gerbils--small, mouse-like creatures--have been introduced into Australia illegally. Quarantine officials fear their disease potential, as they are thought to have come from Hong Kong or the Philippines, countries where rabies and meningitis thrive. [Text] [Brisbane THE COURIER-MAIL in English 5 May 81 p 10]

CSO: 5400

BRIEFS

ANIMAL RABIES IMMUNIZATION--The 1st Army is to participate in the vaccination campaign against animal rabies to be conducted in Rio de Janeiro promoted by the Minicipal Health Secretariat. Twenty-one teams of military vaccination personnel will be used totaling 146 men of the Health and Veterinary Services. In charge of the organization of the teams will be the 1st Army Division of the 1st Military Region, the 1st Army Police Battalion, the 1st Guards Battalion and the 2d Guards Cavalry Regiment. The 1st Army teams will be acting in two phases of the campaign, 4 May and 22 June, covering the areas of the 3d and 22d Administrative Regions, in addition to the Vila Militar, Deodoro, Magalhaes Bastos and Realengo. The military personnel will work at the locations established by the Municipal Health Secretariat. No military man will be allowed to enter any residences, in line with the orders of the commands. [Text] [Rio de Janeiro O GLOBO in Portuguese 21 Apr 81 p 8] 11634

CSO: 5400/2113

BRIEFS

FOOT-AND-MOUTH DISEASE--Chillan--The Agriculture and Livestock Service (SAG) has confirmed a carabineros report from San Fabian de Alico stating that they have detected new contraband of Argentine animals suffering from foot-and-mouth disease. SAG reported in this connection that the situation has forced the adoption of a series of measures aimed at preventing the spread of the disease to local livestock and the rest of the country, which has spent astronomical amounts to eradicate the disease from the national territory. This is the second case of contraband of Argentine animals detected by the Agriculture and Livestock Service in the past few months, according to statements here of the veterinarian of this service, Maria Lus Dentone. In both cases smuggling has been carried out through the mountain pass of Buraleo, across from San Fabian de Alico. [By Hector Suazo, correspondent] [Text] [Santiago LA TERCERA DE LA HORA in Spanish 18 Apr 81 p 25] 11635

CSO: 5400/2112

BRIEFS

FOOT-AND-MOUTH DISEASE OUTBREAK--Bogota, 29 May (LATIN-REUTER)--A serious outbreak of foot-and-mouth disease has led health authorities to declare a sanitary emergency in the Bogota plains and the country's central region. Stringent controls have been clamped on the movement of cattle and on milk shipments to Bogota. Veterinary experts said adverse weather conditions have helped the disease spread rapidly. [REUTER Item] [Buenos Aires LATIN in Spanish 2249 GMT 29 May 81]

CSO: 5400/2135

BRIEFS

FISH DISEASE--Jakarta, 24 May (AFP)--A mysterious disease has swept freshwater fish ponds in the Yogyakarta area, central Java, killing over four tons of fish in a matter of days, reports said here today. The disease, which has been destroying a species of fish with a slimy unscaled skin, called "lele," spread and killed so fast that it was difficult for fishery officials to come by live lele for laboratory experiments, the reports said. The disease in the meantime spilled over to neighbouring regions, threatening to resemble the "goldfish plague" that almost wiped out west Java's goldfish population last year, the reports added. [Text] [Hong Kong AFP in English 1357 GMT 24 May 81 BK]

CSO: 5400

NUMEROUS CASES OF SWINE FEVER REPORTED

Rotterdam NRC HANDELSBLAD in Dutch 17 Apr 81 p 11

[Text] Flushing, 17 April (ANP)--A hundred hog farmers and cattle dealers, who have been damaged by swine fever in western Dutch Flanders drew up an emergency plan yesterday.

They want the veterinary inspection to eliminate, by way of exception, the ban on transportation of hogs which are ready for slaughter and salable. These hogs--approximately a thousand-- can then be quickly slaughtered in Boxtel, Roosendaal and Flushing.

The affected hog farmers and cattle dealers, who have not been able to sell any more hogs for a month, can then again catch their breath financially.

The Zealand veterinary inspection again discovered another case of swine fever yesterday in Dutch Flanders. The number of infected farms thus rose to seven, six in Dutch Flanders and one on Walcheren.

They think they have the infection under control in Dutch Flanders. The discovery of a new case of infection led to once more extending for 2 weeks the transportation ban, which has already lasted a month.

Various hog farms are suffering financial difficulties. The infected farms were compensated after exterminating their animals, but the farms which were not infected have had no income for a month, because they could not sell any hogs.

Also in Belgium

Swine fever has also been detected in various places in Belgium (East and West Flanders and around Turnhout). The Belgian Ministry of Agriculture blames this on the failure to observe the legally required vaccination.

Only three countries in the European community are absolutely free of swine fever: Great Britain, Ireland and Denmark. These countries may keep live hogs from The European Commission outside of their borders. The European Agricultural Council approved at the end of last year a directive which is to make it possible to eliminate swine fever in 5 years in the entire community.

HEAVY STOCK LOSSES FROM FACIAL ECZEMA FORESEEN

Auckland THE NEW ZEALAND HERALD in English 30 Apr 81 p 3

[Article by agricultural correspondent P. J. Freeth]

[Text] New Zealand could lose $50 million or more in stock deaths and lower farm production this year as a result of the worst season for facial eczema in about nine years.

The Ministry of Agriculture and Fisheries is not able at this stage to make any valid assessment of total losses through deaths on farms or carcass condemnations at the freezing works.

But losses of sheep and cattle are known to have been very heavy on some individual properties in the Auckland province and elsewhere in the North Island.

And both farmers and the ministry are expecting further losses in the spring when stock affected by eczema encounter the stress of lambing and calving.

Highly Variable

The disease seems likely to have an unfavourable effect on lambing and calving percentages through stock being affected before mating or at mating time.

Inquiries showed yesterday that while eczema this season has been generally prolonged and severe, the incidence of the disease has shown its usual highly variable pattern.

While stock on some farms in warmer localities and on some paddocks within farms have been hard hit other farms and stock in the same district have escaped virtually unscathed. Much depends on altitude and on the cooling effect of winds.

On Muriwai Downs, the 340-hectare lower Northland property of Messrs S. J. and L. J. Houghton, 300 to 400 eczema-affected sheep have been buried on the farm and more than 1300 sheep showing clinical effects have been sent to the freezing works.

Heavy Loss

The financial loss on that property has been accentuated by the fact that a proportion of carcasses were condemned without compensation in the stock sent to the works although only the livers were rejected in a greater number of sheep.

Mr L. J. Houghton said yesterday that one of the worst aspects was the heavy loss in a stud Perendale flock which had taken years to build up.

A bad loss was sustained, too, by Mr Miles Merton, of Waimauku, and by some farmers, including deer farmers, in the South Head region while others in the same areas escaped very lightly.

While counts of pasture spores contained the eczema toxin remain high on many farms in Northland the Ministry of Agriculture and Fisheries gave most of the Waikato a virtual "all clear" from April 17.

Every Farm

The regional veterinary officer of the ministry in Hamilton, Mr F. M. Williams, said yesterday that with cooler weather spore counts had dropped to safety levels in all of the Waikato except for part of the Matamata county.

There was no doubt that eczema had been widespread, he said, because ministry staff had found signs in sheep and cattle on every farm they had visited.

With good rain three weeks ago and local showers since then the feed supply had improved. All farmers with affected stock could do now was to give them the best possible treatment through to lambing and calving.

The president of the Auckland central sub-province of Federated Farmers, Mr S. J. Phillips, said yesterday that many farmers hard hit by eczema accepted their loss as part of farming.

He advised any farmer who was in financial straits because of eczema to consult the Rural Bank about an "adverse events" loan.

CSO: 5400

NEW DISEASE POSES THREAT FOR RANCHERS

Salisbury THE HERALD in English 25 May 81 p 5

[Text] A new cattle disease--brought into Zimbabwe from Mozambique by the disruption of cattle dipping in rural areas during the war--is posing a serious threat to beef producers.

A report on a national tick survey, conducted throughout Zimbabwe during the past five years, says a new tick, Boophilus microplus, was recently introduced from Mozambique and is at present confined to the eastern border area.

The report, by Dr Andy Norval and Miss Charlotte Mason of the Department of Veterinary Services, says the spread of this tick presents a serious threat to cattle because it transmits another variety of Redwater disease (Babesia bovis), a parasite which was previously absent from this country.

Mr Norval said the threat is serious by virtue of the fact that this country did not have it before. "It is a new disease," he added.

The new variety of tick, sometimes called the oriental blue tick, resembles in colour and appearance the common African blue tick.

The introduction of the new tick and the disease it carried was a result of the disruption of dipping in the areas along the Mozambique border as a result of the war, the report in the Zimbabwe Veterinary Journal said.

Tick samples for the survey were collected by staff of the Department of Veterinary Services, the Department of National Parks and Wild Life Management, National Museums and the Department of Agricultural Development, and farmers.

Althoug sampling was seldom quantitative, a sufficient number of samples was obtained from most areas to give an accurate indication of the distribution and abundance of the majority of tick species, particularly those commonly parasitic on domestic hosts.

"There can be little doubt that B.microplus (the new tick) has been introduced recently into Zimbabwe from Mozambique," the report says.

Previously this variety of tick was known to occur in neighbouring Mozambique and South Africa.

"The species is now well established in areas along the Mozambique border in the north-east, east and south-east of the country."

Dr Norval said that species have also been collected recently on some commercial farms adjacent to villages.

The new variety of tick was most widespread in the north-east, which is the area where dipping was first disrupted.

In 1975 when specimens were first collected the tick was well established in the Mt Darwin district.

"From this initial focus it spread westward along the Zambezi Valley escarpment and southwards into the Salisbury district.

"It has been confirmed that B.microplus became established in the Msana area, near Salisbury, following the introduction of cattle from Kandeya lands in the Mt Darwin district, 70 km away," Dr Norval said.

The vet says the cause of greatest concern about the spread of this tick into the country has been the introduction of Babesia bovis, a cattle disease called European redwater.

In the past only African redwater, Babesia bigemina was present in the country.

The new tick is able to transmit both species of the disease, the report adds, and the new disease European redwater has been confirmed from all areas in which the tick is known to be established.

In addition, reports indicate that the new disease has caused heavy cattle deaths, a trend which can be expected to continue as the disease spreads to other susceptible herds.

CSO: 5400

BRIEFS

DISEASED MANGOES--Chapainawabganj, April 22--Mango trees in this subdivision have been attacked with 'apcila' and gall' disease which are causing widespread damage to the trees. [as published] It may be mentioned here that Chapainawabganj is famous for quality mangoes from time immemorial. Taste and flavours of Nawabganj mangoes are highly commendable. Mango grows abundantly in this subdivision and it is the main source of income of many people. Mango orchard are spread over more than 50,000 acres of land here. Many orchards are found in Shibganj, Kansat, Moharapur, Gobratala, Sarjan and Gomasrapur areas. But mango trees in these areas have been attack with 'apcila' and 'gall' diseases which is causing heavy economical loss to the orchard owners. [Text] [Dacca THE BANGLADESH TIMES in English 23 Apr 81 p 5]

CSO: 5400

FOREIGN ASSISTANCE SOUGHT IN FIGHT AGAINST ROOT-BORERS

Bridgetown ADVOCATE-NEWS in English 15 May 81 p 1

[Text]

Barbados is making a concerted effort to eradicate the root-borer insect which has affected the island's sugar cane industry for a considerable period of time.

Negotiations are now under way between Barbadian entomologists and their counterparts from London, Switzerland, India and Pakistan in an effort to obtain the necessary predators and parasites to combat the insect here.

Dr. Muhammad Alam, an entomologist with the Sugar Technology Research Unit at Edgehill, St. Thomas, said that a number of chemicals and different applications have been tried, but these measures are only temporary and have to be repeated.

"But the parasites and predators we are hoping to bring in, are permanent and are safer methods since they do not carry detrimental side effects," he explained.

The rootborer is an almost century old problem in Barbadian canefields and early this year, the Barbados Sugar Producers Association (BSPA) had said that some canes in the island's low rainfall areas of St. Philip and Christ Church were attacked by the insect. The BSPA was making an urgent plea for the start of the 1981 sugar crop which was being held up by pay negotiations.

In all cases an outbreak has been associated with drought and it is believed that unusually long droughts prohibit the emergence of the adult insect.

The insect lives in the soil and feeds on the roots of the canes causing the leaves of the plant to wilt and turn yellow. In most cases the plant normally dies.

Two predators, the glow worm from Puerto Rico, and the big toad from Guyana were brought here to kill off the rootborer.

Dr. Alam explained that because of the change in the pattern of farming in Barbados many of the water ponds around the various sugar estates have disappeared causing difficulties for the toad to multiply as freely as it wanted.

"This resulted in the reduction of their population, and also affected the overall control of the rootborer," he added. He said the glow worm is still present in the island but it is more prevalent in wet areas, and keeps the insect population low.

He said that during the past years some parasites which attacked the eggs of the sugar cane rootborer, were introduced from Florida, Jamaica, Puerto Rico, St. Vincent and Dominica.

"But so far these have not provided the required level of control of the rootborer" he remarked.

CSO: 5400

VICTORY OVER BLUE MOLD DISEASE NOTED

FL011147 Havana Domestic Service in Spanish 1045 GMT 1 Jun 81

[Revolutionary Armed Forces and Interior Ministry combatants political information program commentary]

[Excerpts] Tobacco factories closed their doors for 6 months in 1980 as a result of the appearance in our country of the disease known as blue mold which destroyed nearly 90 percent of the tobacco fields planted in Cuba. Consequently, our exports of the aromatic leaf dropped considerably while our country was recovering from the destructive plague and a mighty effort was taking place to recover from the losses.

In the face of this situation, the Cuban Government adopted measures to eradicate the effects of blue mold disease so as to then redo the country's tobacco harvest. This effort was fully supported by Cuban tobacco workers who did not hesitate in destroying entire crops that had been affected by the disease.

Another factor that had a considerable influence on the success of the campaign against blue mold disease was the fact that the socialist state took pains to point out to Cuban peasants the most advanced cultivation techniques and the plant health measures which had to be taken to apply the most appropriate pesticides and fertilizers.

The successful campaign against blue mold disease has allowed our country to achieve in 1981 a harvest of 1.158 million quintals, making it a record harvest not only in quantity but also in quality. The plants are very strong and the leaves are magnificent in size, quality, texture and oil content.

The capitalist press has reported that the disease that affected our tobacco in 1980 is still affecting it in 1981. However, a group of businessmen of the principal importing firms of Great Britain, France, Switzerland, Federal Republic of Germany and Canada, visited us recently to confirm the current status of the tobacco harvest and they were able to observe its recovery.

The concern of the Cuban socialist state and the tobacco workers' love of their work have made possible the Cuban people's success in turning the 1980 tobacco disaster into the important victory of 1981. The smoke of our cigars will continue to carry its aromatic message to the four corners of the world.

CSO: 3010/1397

BRIEFS

SUGARCANE SMUT DETECTED--San Salvador, 21 Apr (ACAN-EFE)--A blight that destroys sugar cane ("the smut sickness") has been detected in the sugar cane fields of the eastern Salvadoran departments provinces of La Paz and San Miguel. The Department for Agricultural and Livestock Defense of the Agriculture and Livestock Ministry (MAG) has launched a campaign against the disease. The "smut" appeared for the first time in 1980 in the sugar cane fields of Sonsonate Department in the country's west, but was rapidly brought under control by the MAG's Agricultural and Livestock Defense Department, the sources said. [Excerpts] [PA221521 Panama City ACAN in Spanish 2339 GMT 21 Apr 81]

CSO: 5400/2128

BRIEFS

SUGARCANE SMUT THREATENS FARMS--Another threat against Guatemalan farming is coming from El Salvador. It is sugarcane smut, which is destroying the cane fields. The fungus is transported by the wind, the pulp and the sacks or any other freight coming in from the infected area. It is recalled that coffee rust came to Guatemala from El Salvador. [Text] [PA272011 Guatemala City Radio-Television Guatemala in Spanish 0400 GMT 27 Apr 81]

CSO: 5400/2128

BRIEFS

HAIPHONG INSECT CONTROL--Harmful insects have reportedly appeared in many localities in Haiphong City. Thanks to a drive launched by various districts in the city to care for and protect riceplants, some 5,000 hectares of 5th month-spring rice have been saved from being ravaged by these insects. [Hanoi Domestic Service in Vietnamese 1100 GMT 25 Apr 81]

THAI BINH RICE DAMAGE--At present 18,000 ha of rice in Thai Binh Province are being ravaged by leaf rollers, thorny worms and doted stem borers. Hung Ha, Quynh Phu, Dong Hung, Vu Thu and Tien Hai districts each have from 2,000 to 3,000 ha of rice affected by insects. The province has launched a weeklong campaign to control these pests. [Hanoi Domestic Service in Vietnamese 1100 GMT 12 May 81]

HA BAC RICE PEST--A total of 3,000 ha of 5th-month-spring rice in Tan Yen, Viet Yen, Lang Giang, Que Vo, Yen Dung, Yen Phong, Gia Luong and Luc Nam districts of Ha Bac Province are being ravaged by bugs. This figure includes 160 ha that have been completely destroyed due to belated control efforts. A steering committee has been formed in every affected district to supervise the campaign to save the rice crop. The provincial agricultural service has opened a course to train technical cadres from various cooperatives in bug control, and sent out cadres to help the cooperatives destroy the bugs. [BK140351 Hanoi Domestic Service in Vietnamese 2300 GMT 12 May 81]

HA NAM NINH PESTS--Some 36,000 ha of 5th-month spring rice in Ha Nam Ninh Province have just been affected by harmful insects and diseases. Various cooperatives have sprayed insecticides on 30,000 ha of rice of the Nong Nghiep 8 and A-3 varieties which were in the blossoming stage, to control leaf rollers and bugs. The provincial agricultural service has sent out cadres to the affected areas to help cooperative members control the pests. [Hanoi Domestic Service in Vietnamese 1000 GMT 19 May 81]

CSO: 5400/4597

END

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